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Change and Transformation: A Study of the Process of Change for Female Drug-Abusers in the Women's Treatment Centre, Society for the Aid and Rehabilitation of Drug Abusers, Hong Kong.

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ABSTRACT

The programme of the Women's Treatment Centre (W.T.C.) has drawn its methods from the American Therapeutic Community (T.C.) model and Western social science theories. As I reflected on the process of adapting these concepts into practice, I began to be suspicious of the received ideas and universal explanations. Chinese thinking is different from Western scientific models in its assumptions about knowledge and reality, especially in its notions of change. What concerned me was how to synthesise Chinese and Western ideas into real life practice. Stimulated by the phenomenological approach, my aim in carrying out this study was to uncover and describe the meanings of the women's experiences, and to examine the impact of culture and context on their values, beliefs and perspectives. Moreover, the treatment process involved the social workers in the W.T.C. in communicating and transmitting knowledge and values to their clients through language and action. Language is part of the culture. Unlike the English language, the structure of the Chinese language reflects its particularity of non-specific and intuitive thinking. For this reason, the use of the T.C. approach and psychotherapeutic theories should be grounded in the knowledge of the cultural characteristics and language.

It is precisely to understand the women's lived experiences in their socio-cultural context that I conducted a follow-up study of a group of Chinese women drug users between July 1992 and March 1995. I drew on the quantitative and qualitative research approaches in exploring the multiple dimensions of the processes of change. The quantitative methods produced the trends and patterns of social characteristics, treatment and post-treatment performances of the research participants. The findings indicate that length of stay, mode of discharge and experience of leadership are significant treatment factors whereas positive life events, positive cognitive-behavioural coping and self perception of competence are determinants of drug-free behaviour. The qualitative study provided meanings and themes of the women's life situations and social circumstances. For many study participants, drug use was their response to life events related to cultural oppression, situational stress, identity crisis and peer pressures. The W.T.C. programme offered the women an opportunity to reflect on their purposes of drug use, learn new ways of coping, inspire them to a drug-free lifestyle and promote the interconnection of the women and the staff. After treatment, those women who stayed drug-free continued to use new coping mechanisms and resort to their social workers' advice and support. The meaning of change for the drug-free clients is to live harmoniously with their families and friends, and treasure the values of honesty, responsibility and care.

This study raised issues for re-defining the American stage model of change for addictive behaviour. The empirical findings show that the women were resistant to the Change Assessment Scale, mainly because the use of abstract terms created confusion in their minds. In the maintenance stage, some drug-free women indulged in drinking and pleasurable activities to cope with life stress. This required the social workers' attention to set limits on their clients' behaviour. My position on these issues is to develop principles for adopting the stage model of change in helping the Chinese clients. I argue from the research experiences that social work approach should be sensitive to the cultural and social context if it is to address the special needs and social circumstances of the women drug users.

ACKNOWLEDGEMENTS

In the past ten years, many people have contributed to the development of a Therapeutic Community milieu for the treatment and rehabilitation of female drug-abusers in the Women's Treatment Centre (W.T.C.). We have been under strong criticism in Hong Kong by those who argue that an American model cannot be applied to a Chinese community because of cultural differences. With the effort of the residents and staff, we demonstrate that a hybrid of Chinese values and a Western model is possible and works effectively. Many thanks go to the women, their families and the staff of the W.T.C. They shared their experiences with me and provided a wide range of information, concepts and ideas. I appreciate the continuous support from Dr. Sam Chi Yan, the Medical Superintendent of the W.T.C..

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AUTHOR'S DECLARATION

I declare that the work in this dissertation was carried out in accordance with the Regulations of the University of Bristol. The work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree.

Any views expressed in the dissertation are those of the author and in no way represent those of the University of Bristol.

The dissertation has not been presented to any other University for examination either in the United Kingdom or overseas.

Rosanna Cowan — 30.10.2000

SIGNED — DATE

THE W.T.C. CREED

We are born free. We assume that we are not free because we are dominated by drugs and chemicals. Enslaved by drugs, we lose our freedom, youth and all that belongs to us. We have decided to restore our ability of strength and confidence. We admit that we are Beautiful Princesses.

A person who cannot talk about her feelings or relate or communicate with people suffers from loneliness. We reveal ourselves to each other by sharing pain, tears, courage and love. We choose to stay in order to build our true selves. We show care and concern to each other through the learning of active listening, understanding and acceptance. As a result, we are no longer the self-centred people we were. It is important to maintain unity, confidentiality and trust in this centre. By being fully aware of our bodies, feelings, thoughts, morals and values, we disclose ourselves, pursuing self-understanding, self-acceptance and self-assertiveness.

We could certainly declare that we are us. We are the masters of ourselves. We understand that we have the power to change our past behavioural patterns and lifestyles.

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CHAPTER ONE

INTRODUCTION

This chapter sets out how, as a Chinese social worker, I interpret the process of change by women drug users in a treatment programme in Hong Kong. I base my interpretation on Confucian and Taoist thinking and social work values. Since 1982, a centre in Hong Kong, the Women's Treatment Centre[1] (W.T.C.) has adopted a Western Therapeutic Community[2] (T.C.) model for the treatment and rehabilitation of women drug users. One of the concerns is whether the interaction of Chinese philosophy and Western T.C. methods in the treatment and rehabilitation of women drug users is effective or problematic. I also note that the cultural and social processes produce meanings, values, norms and patterns for our lives. In order to understand the process of change, this research emphasises the Chinese women drug users' views of their experiences in the socio-cultural context. For this reason, the study results are meant to construct the meanings of change and transformation by the research participants. The findings of this research may also lead to a restructuring of the W.T.C. programme in order to match Western psychotherapeutic theories with Chinese values in real world practice.

1.1 My View as a Chinese Social Worker

I have been involved in working with women drug users for twelve years, a period when great social and economic changes in Hong Kong have brought about youth and drug-abuse problems. To tackle the adolescent drug abuse[3] problems, the W.T.C. adopted the T.C. approach in its treatment and rehabilitation programmes in 1982. The adoption of the Therapeutic Community approach in the W.T.C. appears to be effective, evidenced by an increase in the abstinence rate from 29.7% in 1981

to 60.6% in 1991 for clients who had completed two-years' after-care. The statistics and figures, however, can represent only a small part of the programme. What has been neglected is the issue of human experience. Being a social work practitioner, I find it valuable and relevant to understand the women drug users' experiences before, during and after treatment. It is also important to understand their world views, which underlie their value and belief systems and perceptual organisation.

In my view, social work[4] is concerned with personal growth, social justice and human equality, with the ultimate goal of achieving harmony between the person and the social world. The social workers communicate with and transmit knowledge, values, language and action to their clients. What intrigues me is how the W.T.C., based on the T.C. approach, can bring about the change and transformation of women drug users. Ideas about the nature of change[5] differ in Western and Chinese philosophy. For example the concept of "binary connection"[6] is present in the Chinese philosophy, while that of "binary opposition"[7] is favoured in the Western thinking. As a Chinese social worker, I think it is important to understand the cultural characteristics and particular circumstances which impact on the women drug users. The treatment approach should address the specific needs of the women. Because of the complexity of women's addiction in Hong Kong, the study will give a full description of the clients' conscious experiences before any explanation of their drug abuse is attempted.

1.2 The Chinese and Western Concepts of Change

The transplantation of a Western T.C. model into a Chinese community is not straightforward. It is necessary to note that Western and Chinese thinking are based

on different traditions. The Western model tends to rely on "universal truths" for the construction of theories. The Chinese model of thinking, in contrast, presupposes the existence of multiple realities and the interdependence of all things and sees the nature of change as a combination of different factors. The Western theorists emphasise that, if an idea or theory is confirmed by evidence or observations, it is useful. According to Cheng (1972), there is a strong tendency for the Western model to be based upon "abstract rationality", which presupposes a person's capability for rational reflection and the deduction of universal principles for accumulating knowledge. Logic, mathematics and theoretical physics are taken as examples of "truth of reason". The traditional Chinese thinking, however, is of a person's endowment of "rationality" through empirical observation and experiences and the immediate apprehension of "generic universals" such as "Yin-Yang" and "Tao". Knowledge is therefore for moral and political practice. The T.C. model in Hong Kong practice combines Western methods of psychotherapy and Chinese values. On the one hand, the Western T.C. model provides a twenty-four-hour community structure and tools for helping a person get in touch with his or her feelings, learn to label his or her feelings and to acquire the skills to manage them. On the other hand, the Chinese model takes into serious account the person's moral development. It can be seen that the W.T.C. programme places a strong emphasis on the apprehension of life principles through role-modelling, daily activities and communal living.

In line with Chinese philosophy, social workers practising with Chinese drug users must attempt to understand the clients in their own contexts as well as helping them to develop their "being". It is not just about sorting their problems into different categories of concepts or theories. The literal meaning of the word

"philosophy" in the West is the love of wisdom, but in Chinese the term is understood to mean a way of being. Influenced by the inherent Chinese philosophy, many people in Hong Kong regard knowledge as the development of moral character. It seems that the emphasis on "objective reality", according to scientific Western thinking, leads to a search for effective methods and techniques which help improve the quality of service.

Orthodox Western thinking, which is characterised by a binary opposition approach, is inclined to pose issues in dichotomous and conflicting ways. Payne (1991) analyses the influence of this binary thinking on the arguments between traditional and radical social work theories. In assuming a self-society polarity, the traditional approaches give priority to individual growth and development, whereas the radical approaches focus on social or structural change for the person's emancipation and liberation. In the present day, we see that many Western theorists are working towards a unitary model, systems theory or cognitive-behavioural approach in order to synthesise different ideas into social work practice. Traditional Chinese thought stresses that the person and his/her environment can complement each other in perfect harmony. This helps to explain the popularity of systems theories, integrated models and inter-disciplinary approaches in Hong Kong.

1.3 The Existence of "Chinese" Culture in Hong Kong

Considering the impact of global capitalism and colonial urbanisation in Hong Kong, one may query the existence of "Chinese" culture in the anthropological sense. However, I am not going to utilise a perspective of "cultural absolutism", which tends to split the ancient and the modern cultures into two unconnected parts.

It is not easy to see the existence of Chinese culture in Hong Kong except in its food and language. Hong Kong has become a world city with the possibility of internationalisation of finance, investment, mass-production and facilities. The concept of Chinese culture, however, should be broadened to include the pervasive influence on the belief systems and perceptual organisation of people, which are manifested by rites, customs and patterns of social life. At the same time, we are also aware of the impact of "post-capitalism" on family, work and social systems in Hong Kong. Giddens (1991) points out that the predominance of the market economy in modern society has brought the pursuit of artificial and materialistic life-styles, which further provokes individual anxiety and personal meaninglessness. By comparing carefully the ancient and modern cultural influences, it should be possible to identify prominent areas for agreement and difference between traditional Chinese cultural thinking and modern capitalistic values. It is also against this complex cultural background that the women drug user acquires her values, constructs her existential meaning and develops her coping skills. In this study, special attention is paid to the understanding of the women's self-perceptions and values which affect their responses to the treatment process and the post-treatment environment.

1.4 An Empirical Study of the Process of Change for Women Drug Users in the W.T.C. Programme

Chinese thinking, as one of many broad-based philosophical perspectives, accommodates different theories and concepts for life practice. Similarly, the Western sociological and psychotherapeutic theories attempt to explain social and human behaviour and prescribe methods for change. However, there are subtle differences between Eastern and Western thinking. The analysis of change, in the

Western scientific and/or social scientific field, is based upon a dichotomy of subject and object, mind and body and individual and society. The meaning of change and transformation, in the traditional Chinese context, rests on a unity of person and nature, mind and body and individual and family. Indeed, there is common ground of agreement between Chinese thinking and the Western phenomenological approach. Both emphasise the subjective view of human experience. Therefore the phenomenological approach was adopted for the descriptions of and reflections on the women drug users' lived experiences, in an attempt to make sense of their desires, needs and motivation, and achieve a better understanding of the women's drug addiction phenomena.

The point developed in this research is that a person's mind-set, social position and existential meanings are closely related to his or her cultural and social thinking. Although conceptions of personal and social change among Hong Kong people combine traditional and Capitalist ideas, Chinese values are still ingrained in our minds especially in the structure of our language, our family systems, and personal relationships. What is distinctive about this research is its combination of an outcome and a process evaluation of the treatment programme with special attention to the women's experiences before, during and after treatment.

The Society for the Aid and Rehabilitation of Drug-Abusers (S.A.R.D.A.)[8], through its W.T.C., is the only voluntary agency in Hong Kong which adopts a T.C. approach to the treatment and rehabilitation of women drug users. Apart from the compulsory treatment centres organised by the Government, the W.T.C. is the largest treatment centre available in Hong Kong. To assess treatment outcomes and

programme effectiveness, a small survey of 78 women with pre-treatment and post-treatment measures was conducted from July 1992 to December 1993. Case studies and intensive interviews were conducted to understand the process of change for a small number of women during and after the treatment process. While the statistical analysis of the quantitative data provided outcome evaluation by enumerating prognostic factors, the qualitative data produced meanings, themes and patterns.

The concepts of "change" and "transformation" are developed and exemplified here in order to generate insight, knowledge and skills for social work practice. A balance of quantitative and qualitative methods broadens and deepens our views of women's addiction problems and effective means of treatment and rehabilitation in Hong Kong. Caution should be exercised in analysing the statistics and findings obtained from the quantitative methods, most of which indicate trends and changes at a group level rather than on an individual basis. Equally, although the qualitative analysis provides some meaningful data on an individual level, the data, which largely draw on verbal description or documentation, may have shortcomings arising from subjectivity, ambiguity and self-deception. Despite its shortcomings and the fact that this study is confined to one of the many aspects of social service in Hong Kong, it highlights some enduring issues and problems that are ubiquitous and the results may be useful to those who work in a similar field of service.

To summarise, the focus of this thesis is to work out the meanings of change related to the social work field as interpreted by the Western model and the Chinese perspective. The empirical study of the women drug users, who participated in the

treatment process, serves as a case illustration of the social and cultural influences on the person's values and beliefs. The objectives of the thesis are to:

1. Examine Chinese and Western perspectives on the ideas of change.

2. Explore the Chinese women drug users' experiences before treatment especially with regard to their cultural values and beliefs.

3. Identify the strengths and weaknesses of adopting a TC approach in the treatment of a group of Chinese women drug users.

4. Assess the treatment outcomes by following up a group of Chinese women drug users nine months after their discharge from the W.T.C..

5. Explore the ways in which the characteristics of the Chinese language influence the clients' understanding of the psychotherapy in the treatment process.

6. Construct the meanings of change relevant to the social work service for Chinese women drug users.

7. Recommend areas for strengthening the treatment and rehabilitation of women drug users in Hong Kong.

1.5 Organisation of the Chapters

The next chapter begins by comparing Western and Chinese traditions in a number of areas: their assumptions about the lawfulness of nature; the relationship between the person and the environment, and the ideas of individual and social change. The reader will see that this comparison tends towards stereotypes because the underlying purpose of the chapter is to arrange ideas in a rational order so that one can easily identify the dominant cultural perspective. Chapter 3 is a discussion of consciousness and experience. It identifies the inadequacies of the international

and local research findings, the sociological and psychological theories for the understanding of the women drug users' experiences. We look into the Chinese cultural characteristics and language which create the W.T.C. treatment philosophy. Chapter 4 addresses the concept of "individual and community change" especially in relation to the T.C. approach in the W.T.C.. The first four chapters lead to the design of research questions and methodologies. Chapter 5 highlights the issues of outcome and process evaluations, and presents the research design, the process of data collection, methods of data analysis and the ethical issues. In Chapters 6 to 9, it will proceed to the data analysis and interpretation. This is concluded by an overview, a discussion and recommendations in Chapter 10.

NOTES

[1]The "Women's Treatment Centre" (W.T.C.) is a pioneer in adopting the Therapeutic Community approach for the treatment and rehabilitation of female drug-abusers in Hong Kong.

[2]"Therapeutic Community" (T.C.) is defined as a type of social organisation in which a twenty-four-hour structure is provided for psycho-social rehabilitation. The general term pertains to a description of any institution for effecting change, whereas the specific term is for the application of a particular set of principles and methods for helping people with specific problems (Kennard, 1983). In Hong Kong the Women's Treatment Centre applies the specific set of objectives and methods in its treatment and rehabilitation of female drug users.

[3]Empirically, drug-abuse is defined as the state of physiological and psychological dependence on drugs. WHO (1993) defines drug dependence as 'a cluster of physiological, behavioural and cognitive phenomena of variable intensity, in which the use of a psychoactive drug (or drugs) takes on a high priority. The necessary descriptive characteristics are a preoccupation with a desire to obtain and take the drug and persistent drug-seeking behaviour. Determinants and the problematic consequences of drug dependence may be biological, psychological or social and usually interact.'

[4] "Social Work" is commonly defined as an activity or an occupation for the resolution of certain social problems. Like other professions, social workers acquire their knowledge and skills through training and have to observe a Code of Ethics.

[5]According to the Oxford Dictionary (1995), the word "change" is defined as "to become or make something or somebody different; to alter". Here in this research, "change" is related to social work practice in which a person, a group or a community is helped to be different in a positive way.

[6]The foundation of Chinese humanism is that nature is intrinsic to the existence of a human being and vice-versa. The concept of "binary connection" implies a general rule of Chinese philosophy to view the unitary or similar aspects of man and nature, the objective and the subjective, and mind and body.

[7]The scientific mentality of the Western model tends to stress the separation or differences between mankind and nature, mind and body and the objective and the subjective for manipulation and control. Thus, it has a claim for "binary opposition".

[8] "Society for the Aid and Rehabilitation of Drug-abusers" (S.A.R.D.A.) is the largest voluntary agency which offers treatment, rehabilitation and aftercare service to drug users in Hong Kong. There are two separate residential centres for male and female clients; one is on an island called "Shek Kwu Chau" with a capacity for 300 residents; another is the Women's Treatment Centre", which can accommodate a maximum of 39 female residents.

CHAPTER TWO

THE IDEAS OF CHANGE

2.1 Introduction

The idea of "change" fascinates and is also a challenge to the helping professions, because it describes a process central to their very "mission": a concern with social lives. Change may result from intervention and is central to service-users' success or failure in our programme. Change comes through the exchange of values, views and behaviour between the service-providers and the service-users. By observation and comparison of the "results" of intervention, we seek to modify practice and search for the most effective method upon which to base action, with the goal of providing the best quality of service. From the Chinese point of view, I see that the idea of "change" is to achieve a new balance between a person and his/her social environment, focusing on the development of the moral and spiritual part of self and community.

This Chapter is concerned primarily with a review of the methodological literature. I begin with a discussion of the classical models of "causality" in Chinese and Western philosophy. There are differences between the traditional Chinese and the dominant Western models of thought in their ideas about the lawfulness of the universe, the basic assumptions of individual and social change and how knowledge is achieved. In Chinese thinking, the purpose of knowledge is to develop the moral and spiritual mind by constructing axioms and proverbs for people to follow. In the Western context, knowledge is the discovery of truth by developing axioms, logic, concepts, theories and methods. In social science, a distinction between rationalism

and empiricism gives me insight into the dynamics between structure and action in explaining social change. I chose transcendental and existential phenomenology as a bridge between Western and Chinese thinking, partly because this approach gives recognition to "reflective consciousness" for a better understanding of self and experience, partly because it suggests a "relative" approach to exploring the cultural and subjective meanings of change. This "relative" approach inspired me to search for a suitable model of change by synthesising the Chinese thinking and the phenomenological approach. Later in this Chapter, I shall discuss how a synthesis of Eastern and Western ideas of change contributes to the research methodology of this study.

2.2 The Classical Model of Causality

2.2.1 The Traditional Chinese Model of Causality

Chinese thinking holds that everything is interconnected in the Universe. A person's perceptual organisation, beliefs and values are crucial for an understanding of the process of change. In exploring the principle of causality, I came to know how a Chinese society constructs values and beliefs which have an impact on individuals.

In comparing the traditional Western view with the Chinese view, Cheng (1976) proposes two different levels for understanding causality: 1. the phenomenal or experiential level, which serves to explain causality related to empirical observations or life experiences; 2. the theoretical or conceptual level, where causality is explained by a theory or theoretical philosophy established by hypothesis-testing, empirical observations, and theory-confirmation. Cheng (1976) further sketches three ontological orientations of a standard Scientific model: the

Principle of Discreteness, which pertains to the existence of discrete entities; the Principle of Externality, which puts emphasis on the laws of causation as external factors for governing things; and the Principle of the External Source of Motion, which posits an ultimate cause or God as the force or motion of things.

Chinese philosophy is mainly interested in the empirical and observable experiences which connect the natural and social worlds. An attempt to give an order and pattern to different types of things and events characterises the Chinese model of causality; it is a way of *correlative thinking*. In other words, Chinese thinkers believe that there exist multiple realities and that all things are interdependent. It is common in the Chinese tradition to think of the lawfulness of the Universe in three aspects: the law of nature can be applied to the world of the mind and morals; human behaviour is governed by the law of the universe; and one has to learn to live in harmony with nature.

In Chinese philosophy, many ideas (Nan, 1988) come from the *I Ching* (the Book of Changes), which demonstrates the ontological and methodological orientations of causality. First is the idea of *"Pien I"* (the constant change), which reminds us of the changing nature of the Universe, of people and of things. By understanding the constancy of change, people can be better prepared to accept sudden events such as natural disasters and human suffering. Second is the idea of "*Kan I*" (the simple order), which tells us the correlation of *shih* (thing or event) and *li* (inner order). There is an implicit order underlying everything, although it may remain undiscovered because of the limited capacity of the human mind. Third is the idea of "*Pi I*" (the immortal order) which posits the existence of a Heavenly order or

a Mysterious Power as the ultimate cause of all change. The *I Ching* tends to simplify things or events into organic orders. Causality operates organically in a "life", which has its growth through ongoing generations. The point is that the human order remains unchanged.

One important idea in *I Ching* is the different orientations of change known as "*Li*" (principle), "*Cheung*" (phenomenon) and "*So*" (mathematics) (Nan, 1988). "*Li*" refers to the inner order of things, which can be understood as principle, value, concept and function. "*Cheung*" (phenomenon) pertains to the physical appearance of things, which is observable and measurable. "*So*"* (mathematics) means the cycle, stage and timing of people, things and events. Just as seasons come and go, all things and their changes form the movement of the stream of life. "*Li*", "*Cheung*" and "*So*" are so interrelated that change in one will affect the others. By understanding the orientations of things, the Chinese may provide explanations and predictions.

Throughout Chinese history, Confucianism and Taoism have been the two dominant sets of ideas which have influenced the daily lives of Chinese people. Although these two schools are different in many important aspects, they can complement each other, so that a Chinese person can be both a Confucian and a Taoist. I have chosen to discuss these two perspectives for the following reasons:

Confucianism emphasises a holistic philosophy of life which connects natural law

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* The idea of *I Ching* is characterised by numerology and the holistic outlook of nature, humankind and society. The phrases of change are analysed by numerological systems. For example, five phases (i.e., metal, wood, water, fire and earth) are used to describe the correlation of natural forces and human-nature relationship. The Ten Heavenly Stems and Twelve Earthly Branches explain astrology, weather and calendar.

and moral order, while Taoism lends a vision of creativity through inner reflection and non-intervention. Both perspectives stress the importance of humanism, developing different theories of the human-nature relationship.

The ideas of causality in traditional Chinese thinking are based on the contemplation of the natural order, which governs all levels of existence. For the Confucian, "*T'ien*"[1] is regarded as the source of all things, constantly generating and producing life and movement. The notion of *li,* denoting the inner order of Heaven, not only structures the pattern of relationships, but also places things and people in their proper positions. (Cheng, 1976). *Ta Chun*[2] (The Great Appendix) of the *I Ching* (The Book of Changes) describes how change is derived from the creative and perceptive force of Heaven and Earth, and how the celestial order of movement and stillness determines the law of change. This is closely linked to the knowledge of the *Yin-Yang*[3] school, in which *Yin*, the feminine and receptive force potentialises *Yang*, the masculine and creative force, while *Yang* is the actualising force for *Yin*. The interaction of *Yin-Yang* gives rise to a continuity of life, and life is regarded as both a part and whole of the universe. It can be seen that the emphasis on the human-nature relationship characterises the Chinese model of causality as a principle of wholeness. The notion of holistic unity implies an understanding of the individual thing against its background and context, and more importantly, recognises that it is sustained in a close relationship with other parts. (Cheng, 1976) This helps to explain why Chinese people see themselves as part of a whole sum in which the individual and the group such as "family" and "community" are equally important.

According to the Taoist philosophy, the *Tao*[4] is the uncaused, nameless, and all-embracing principle of the universe. The doctrine of *Tao-te ching* (Wu, trans.1961: Section 42:61) describes how the non-activity of the "*Tao* gives rise to one, one to two, two to three and three to the thousand things". The *Tao* is also a "void" (*Wu*) which carries *Yin* and embraces *Yang*. The blending of *Yin-Yang* produces harmony, which is known as "the Eternal", and the realisation of the Eternal is Enlightenment. *Tao Te Ching* spells out the order of things in which "Man follows the ways of Earth, the Earth follows the ways of Heaven, Heaven follows the ways of *Tao*, *Tao* follows its own way" (Wu, trans. 1961: *Tao Te Ching*, Section 25:35). In other words, Taoism offers a vision of change by tracing the spontaneous and natural movements of the world. Cheng (1976:12) terms this organic world-view "the principle of internal life-movements". Furthermore, Taoism recognises the identity of things which are self-contradictory in themselves, namely a dichotomy of action and no action, knowledge and no knowledge, and change and no change. Things are said to be free from the strain of polarisation when we are able to recognise their forms of being and non-being. The attempt to recognise things in their positive and negative aspects, as well as to connect the two opposites, has been incorporated into the Chinese model of causality.

The word "change" in the Chinese language comprises two characters "*pien*" and "*hua*". In his reconstruction of the concept of change, Swanson (1984) defines change in two terms: "*pien*" as the alteration process in relation to the backward and forward of the bipolar stage, and "*hua*" as the transformative force intrinsic to the chaotic and confusing universe that lends itself to uncertainty and unpredictability. Though the *I Ching* largely describes the natural phenomenon, it also alludes to

humankind's relation with the world in different dimensions. Swanson further interprets "*pien*" as the first order of change in the physical world which can be observed and measured, and the outcome of this movement is change. "*Hua*", is the second order of change, and is synonymous with the process of "self-creativity" which is described by "*Tao*" in Taoism and "*li*" in Confucianism.

The creative process, according to Whitehead (1929) is a contemplation of aesthetic events which is "free, novel and transitory". In the history of Western civilisation, a sharp distinction has developed between the fields of religion and science. The divine mind, which is considered to be infinite and mystic, is capable of "intellectual intuition". The human mind, however, is viewed as finite and sensual, and appeals to "sensible intuition" (Kant, trans. 1929). Thus Whitehead (1929) suggests that the self-actualisation process is transient and temporary in the Western context. Chinese philosophy, for its part, focuses on the all-embracing principle of the "original mind" which applies equally to the universe and to humankind. This principle involves the transcendental illumination of "authenticity, goodness and aesthetics", and holds that the manifestation of the "moral self" is connected to nature. This assumption makes possible the Chinese view of humankind's capacity of "intellectual intuition". A good example can be traced in the doctrine of moderation (*Chung Yung*) which states that:

> "Sincerity is the Way of Heaven. To think how to be sincere is the way of man. He who is sincere is one who hits upon what is right without effort and apprehends without thinking. He is naturally and easily in harmony with the way. Such a man is a sage. He who tries to be sincere is one who chooses the good and holds fast to it." (trans. by Cua, 1975:326)

We need to pay special attention to this doctrine, for it gives us the theme of morality in the Chinese context. Morality arises from the Way of the world; a person should follow the natural order, which is good and sincere. Unlike conventional Western scientific thought, which tends to externalise nature in causal explanations, Chinese tradition is more concerned with "correlative thinking", which believes that things are interdependent (Needham, 1962). The terms "*Tao*" or "*li*" join humankind and nature so that they mutually determine and seek identification from each other. Obviously, the terms cited in the Chinese classics are meant to be generic and universal; that a person gives his/her interpretations according to real life situations. Thus the Chinese model lacks the empirical methods adopted by Western thinkers for the testing of hypotheses and the construction of theories.

2.2.2 Beyond the Conventional Scientific Model of Causality

In his comment on scientific causality, Harman (1998) asserts that Aristotle's fourfold typology of causality has had a dominant influence on Western thinking. The four types of "cause" are material cause (the matter), efficient cause (relevant antecedents), formal cause (the concepts in the mind), and final cause (the ultimate purpose). The first two address the question of "how things happen" whereas the last two pertain to "why things happen". Before the sixteenth century, Western thinking was concerned with the formal and final cause, assuming a unity between nature and *gnosis* (nonphysical objects of thought or undiscovered knowledge that may be accessed through contemplation and imagination).

The development of physical science in 17th-Century Europe, however, resulted in a turn to the study of material and efficient cause. The Physical Science

model assumes that the world is a Cosmos (i.e., the ordered and beautiful aspect of the material universe) and reality can be found only in the physical world. The Law of the Universe, which is expounded by the physical science theorists[5], is based on an assumption of the continuity of change. The notion of continuous change refers to a mechanistic view of two variables operating on a physical subject in such a way that the antecedent state causes a change in the following state. All theories of change, however, are hypothetical constructions, which are confirmed or rejected by repeated experiments. Basically, the cause-effect interaction is established as a fact through a chain of observations and experiments. The discovery of laws and regularities, which are deduced from studying causal relationships, helps to predict and control the physical environment.

In their attempt to prove a causal relationship, scientists not only accord greater emphasis to the features which are observable and testable, but also insist on finding the absolutely necessary and sufficient conditions for the reduction of various explanations into one (Lessenoff, 1974). Perhaps the power of science lies in its assertion of pragmatic criteria and vigorous research. Mill (1843) proposes three experimental methods for testing a hypothesis: the state of Agreement, Methods of Difference and the state of Concomitant Variations. It seems that the experimental paradigm offers an explanation of change in terms of concordance and discordance.

In real life research, Pawson & Tilly (1997:8) point out that "the experimental paradigm constitutes a heroic failure, promising so much and yet ending up in ironic anticlimax. The underlying logic seems meticulous, clear-headed and militarily precise, and yet findings seem to emerge in a typically non-cumulative, low-impact, prone-to-equivocation sort of way."

While scientific knowledge of physical nature gives inspiration to social scientists for the generation of knowledge and formulation of theories, it poses a question as to whether social life can be treated as a kind of subject matter that fits the physical science model (Lessenoff, 1974). Like the physical sphere, the social world consists of certain regular connections between social structure and human relationships, verified by observation, measurement and statistics. It is assumed that to achieve the correct explanation of certain social phenomena, it is necessary to understand the material and efficient cause. On the other hand, there is also the subjective conception of the introspective mind as the factor determining individual and social change. This latter approach, adopting the rules of empirical studies, searches for an understanding of how people interpret, modify and construct the world (Burrell & Morgan, 1979).

In his *First Book of Aphorisms*, Sir Francis Bacon (1620) suggested two ways of discovering truth. One way is to start from "the most general axioms", the other is to seek knowledge from "the senses and particulars". The first is known as "rationalism" and the latter as "empiricism". In the rationalist view, explanations are justified by causal orders and universal laws. This model holds a mechanistic view of the world, in which universal laws predict and control reality. In the empiricist view, the source of knowledge lies in empirical observations, "rising by a gradual and unbroken ascent, so that it arrives at the most general axioms last of all" (Bacon, 1620). It appears that the rationalist methodology relies on deduction to assert theories whereas the empiricist way emphasises the inductive method for constructing theories.

In social science, there are generally two methods for studying the social world: one following the rationalist, the other the empiricist way. Examples of grand theories in social science are the law of supply and demand in economics, power in sociology, and grammatical rules in linguistics (Hollis, 1994). The rationalists, who use abstract and highly structured theories, demand a kind of "natural necessity" in any logical relation between the antecedent event and the following event. One example is statistics, which is based on a knowledge of logic and mathematics for the study of human behaviour. The problem is that it is difficult to prove the criteria of "necessity" which is largely the product of beliefs and conventions.

Certainly there have been demands for logical positivism in social science, which considers verification of propositions as the basic criterion of validity. In the Eighteenth Century, some Western philosophers developed systematic empiricism for an inductive enquiry of knowledge. Amongst them, Hume's (1711-76) answer to the question of causality starts from empirical observation and reasoning. He states that "observation and experience" can be applied to the study of "men's behaviour in company, in affairs and in their pleasures" in order to explain all the effects from a simple cause. Seeing that the idea of "natural necessity" in explaining causality is defective, he proposed the idea of "constant conjunction", which describes two objects or events as being related repeatedly in a constant way. Later, the concept of "constant conjunction" is developed into the theory of association or correlation. On the other hand, Hume asserts that causality is really a matter of sequence and it is also in the workings of the mind that logical relations are made. He gives two definitions of causation as follows:

We may define a cause to be 'an object precedent and contiguous to another, and where all the objects resembling the former, are plac'd in the like relations of precedency and contiguity, that resemble the latter'. If this definition be esteemed defective, because drawn from objects foreign to the cause, we may substitute this other definition in its place, viz. 'A cause is an object precedent and contiguous to another, and so united with it, that the idea of the one determines the mind to form the idea of the other, and the impression of the one to form a more lively idea of the other' (Hume, A Treatise of Human Nature, eds. 1978:170).

The strength of Hume's account lies in its recognition of the subjective and objective explanations of causality. In Hume's terms, when we speak of two events being causally related, they have to meet the requirements of precedence and contiguity through empirical observation. Hume found the first definition unsatisfactory. He suggested that, when we observe two objects or events, an impression of the objects falls into our mind, which formulates a sequence of precedence and contiguity and forms the idea of causality. In other words, the idea of causality is not an insight into the objective world but is generated by the natural workings of the mind. It is not only empiricism that is present in Hume's discussion of causality. It seems that the Chinese model of causality also emphasises the natural workings of the mind, but it presupposes a central harmony between mankind and the Universe and that mankind follows the natural order. Central to the Chinese model is the disclosure of the moral mind, which follows the principle of the Universe. I shall discuss in detail how moral and social values are developed in Chinese thinking later in this Chapter.

2.2.3 The Ideas of Social Change

The philosophical analysis of causality is important, for it throws light on the methodology and epistemology of social science, particularly in the study of

individual and social change. The reason why I am considering the ideas of social change is that the Therapeutic Community model of the W.T.C. can be viewed as a social organisation with structured rules and activities intended to help female drug-abusers. In the Western model, there are different views on *structure* and *action*, and on *rule* and *game*. I have taken rationalism and empiricism as my way of understanding society and its dynamics.

Hollis (1994: 101) points out that there is a temptation for theorists to explain social phenomena in terms of "underlying forces, laws and mechanisms". For Karl Marx (1859), the "material productive forces" and their relations are the underlying mechanisms that explain the political economy. The emphasis on "market economy" in industrialised society not only transforms social and political activities and takes people into the material world, but also draws a distinction between people as "capitalist" and part of the "labour force". In Marx's view, it is clear that the ruling classes aim at accumulating capital by controlling resources. The "oppressed" classes, however, are blinded by a "false consciousness" so that they follow the rules of the capital production. In his Preface to *A Contribution to the Critique of Political Economy* (1859), Marx presented his idea as follows:

> The sum total of these relations of production constitutes the economic structure of society, the real foundation, on which rises a legal and political superstructure and to which correspond definite forms of social consciousness. The mode of production of material life conditions the social, political and intellectual life process in general. It is not the consciousness of men that determines their being, but, on the contrary, their social being that determines their consciousness.

In Marx's terms, we are determined by our "social being" rather than by our "consciousness". In other words, the social and political structure of the "market economy" dominates human actions and activities. Marx (ed. 1951) treats the concepts of "private properties" and "political economy" as pseudo-ideologies which lead to human suffering, alienation and detachment. He proposes that a state of Utopia can be attained by a transition from a capitalist to a communist society. For Marx (1859), revolution or transformation comes from the consciousness of "the contradiction of material life, (and) the existing conflict between the social productive forces and the relations of production". It is important for the "oppressed class" to become aware of the "ideological forms" in law, politics, religion, art and philosophy that social action can be taken to eradicate the oppressive social structure. The implicit claim for knowledge, in the Marxist perspective, are the "most general axioms" or the universal laws of social dynamics. The problem is that the Marxist theory is one-sided, neglecting the individual intentional phenomena.

J.S. Mill developed a view on epistemology which warrants a study of experience. In his book of *A System of Logic* (1843), Mill takes "a connected view of the principles of evidence and the methods of scientific investigations". The test of truth, in Mill's terms, is to collect empirical evidence by the application of scientific methods. In the following passage, Mill (1843) states that "the laws of the actions and passions of human beings" are the determinants of social phenomena.

> The laws of the phenomena of society are, and can be, nothing but the laws of the actions and passions of human beings united together in the social state. Men, however, in a state of society, are still men; their actions and passions are obedient to the laws of individual human nature...Human beings in society have no properties but those

> which are derived from, and may be resolved into, the laws of nature of individual man (*A System of Logic*, 1843: Book VI, Chapter 7).

Mill upholds the idea of empiricism in which knowledge starts from "the senses and particulars", as represented by "the actions and passions of human beings". In Mill's view, the purpose of empirical studies is to search for "fixed laws" which explain human actions and passions. Examples are "the laws of nature" or regularities which are justified by "necessary conditions". Mill (1843) uses three experimental methods* to explain the concepts of logical connections. As observation and experiment are meant to confirm or dispute a hypothesis, the process may lead to inductive empirical generalisations. There is a strong sense of "determinism" in Mill's doctrine of "Philosophical Necessity" in which one can predict a person's conduct, given sufficient information about his/her motives, characters and dispositions. Mill (1843) argues that "we are exactly as capable of making our own character as others are of making it for us". Perhaps Mill's empirical study of "individualism" is right, but it is a mistake to rely solely on the experimental design to generalise motives, characters and dispositions, simply because the explanatory power of statistical findings is very limited.

In his book *Economy and Society*, Weber (1922) states that "the science of society attempts the interpretative understanding of social action". Weber starts from an individualistic approach in which "the acting individual attaches subjective meaning to it (action)". Social action refers to action which "takes account of the behaviour of others and is thereby oriented in its course". According to Weber, there

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* Mill's three experimental methods are: (a) when A is present, Q is present (the state of agreement); (b) when A is absent, Q is present (the method of difference); (c) when there is variation in A, variation in Q is present (the state of concomitant variations).

are four ideal types of action: instrumental rational (*zweckrational*) action, value-rational (*wertrational*), traditional action and affective action. The first two types of action are rational: in the first the actor takes action in order to pursue ends which are beneficial and utilitarian (instrumental rational); the second action depends on values or goals which are significant to the actor, for example, heroism and self-sacrifice. The third type is reaction or conformity to "the expression of settled custom". The fourth type is a simple reflex for satisfying desires and needs. Weber's view is that there are mixed types of action in real life. Moreover, one can understand people's action from their values, goal or customs. Weber identified two ways of understanding: *direktes Verstehen* (direct understanding) and *erklärendes Verstehen* (explanatory understanding). Direct understanding is the "action" itself, from which facts can be obtained by social observation. In our daily lives, direct observation is not enough as people tend to infer meanings and purposes from action or behaviour. When people assign meanings to action, they give "explanatory understanding" to the particular type of action. There are "historical" or "sociological" processes for assigning meanings: "historical" where we understand the actor's history or motive; and "sociological" where we understand the social phenomenon or the ideal types of action.

In his analysis of the structural features of institutions, Weber (1947) suggests that a "rational bureaucratic organisation" in modern society consists of a hierarchical structure, a clear specification of roles and performances, impersonal relationships and the use of rules and norms for disciplinary control. The notion of "rationality" is important because it explains how general rules are applied to a

particular case, and shows how efficient management and decision-making are developed. Moreover, individuals are treated as a group or collectivity by the organisation. According to Weber, in modern society, the "acting individual" is no longer *homo economicus* whose action is to satisfy desires or maximise the utility, but *homo sociologicus* whose action is to follow the rules, norms and practices of the bureaucratic organisation. Weber assumes that the "actor" is a "rational agent", who is capable of "rational" choice and is expected to play his/her roles and follow rules in the social context. The problem of Weber's theory is that some "actors" are irrational and do not believe in the system.

In his book of *Philosophical Investigations* (1953), Wittgenstein pointed out that action can only be understood by language and its rules. In his analogy between languages and games, he emphasised that the basic requirement for people to play a game like chess is to understand the rules, and the scope of the activities. There are structures and rules of language which constitute people's communication and action, and reflect "*forms of life*". Wittgenstein (1953, II.226) insisted that language and games are alike: "What has to be accepted, the given, is, to say, *forms of life*". Language is a means for us to understand how people think and act. To understand social action, the theorists turn to the interpretations of the "text", which embodies "*forms of life*", social interaction and relationship. The hermeneutic imperative starts from "the senses and particulars", in which language reflects the actor's interpretations of "*forms of life*". There is a distinct feature of "language" and its "rules" in group, community, institution, society and culture. To understand how action and meaning vary in the socio-cultural context requires a "*double hermeneutic*" which is an interpretation of an interpretation (i.e., a process to

reconstruct the actor's point of view by understanding the meaning of his/her language). However, there are limits to the hermeneutic tradition, in which truth is relative and the explanation of social phenomena is unavailable since it allows different possible interpretations.

When thinking about action and understanding, I wonder how ideas come to the mind, how people make choices and take action. Weber's theme is that "direct understanding" is the observation or perception of social action; whereas "explanatory understanding" arises from the person's concepts and the meanings of the action. Weber's view is that man/woman is a "rational agent" and "actions" are explained by the "rational-value" as most of the time people follow the rules of the institutions. In Wittgenstein's terms, Weber's "direct understanding" is insufficient since one should have the concepts (the *intersubjective* meaning) before one can perceive or understand the action. Hollis (1994) suggests that a holistic approach insists on the knowledge of rules, norms and social practice as a pre-requisite for understanding social action. On the other hand, an individualist, such as Jon Elster (1989, 19) holds that "the elementary unit of social life is the individual human action. To explain social institutions and social change is to show how they arise as the result of the action and interaction of individuals". From the individualist perspective, the individuals are the "actors" who construct the rules of the games and the social contracts. In other words, the subjective meanings should come before the intersubjective meanings of social action. Somehow, the precedence of subjectivity over intersubjectivity or vice-versa leads to a circular argument. In the Chinese view, there is an interplay between the person and his/her social environment which compromises the individual and the social meanings of change. The "individual" in

the philosophy of social science is viewed either as the "agent" who is determined by the external structure or as the "actor" who makes intelligible the rules of the game as his/her internal structure. The phenomenological approach, however, gives another answer to action and understanding by emphasising the study of "mind" and "consciousness".

2.3 The Subjective View of Change

2.3.1 A Way of Being: The Phenomenological Approach

Harman (1998) points out that, during the period 1940-70, the philosophy of logical positivism exerted a dominant influence in science. The 1980s, however, brought about a major concern with experience, which challenged the adequacy of scientific theories and methods. W.V.O. Quine (Harman, 1998:110) holds that there is no way for empiricists to use experience to confirm or falsify certain scientific hypotheses. Although some special experiences may challenge science, scientists can still use the method of falsification to counter-reject the empirical data in the theoretical network. In the 1990s, the intellectual atmosphere became more relaxed. It is now generally agreed that reality is rich and profound and the scientific rule of "verification" or "falsification" may not be applied to the study of subjective experience. The major philosophical question is whether a theory "adequately represents the phenomena for specified purposes" (Harman, 1998: 111). As can be seen, the phenomenological and existential approaches tend to explore formal and ultimate causes, which emphasise the concept of "consciousness" in the knowledge system. The specific purpose of this research is to understand the cultural meanings of change.

In his repudiation of the Cartesian "sceptical doubt"[6], Husserl's approach[7] to knowledge is "that of comprehending or understanding, not securing objectivity" (Husserl, trans. in 1975: S 115). The theory of knowledge, according to Husserl, is not to draw explanations, but "to shed light on the *idea* of knowledge in its constitutive elements and laws" (Husserl, trans. in 1975, 27). In his late work *The Crisis of European Sciences and Transcendental Phenomenology,* Husserl argues that empirical science, represented by physics, tends to draw a picture of the "physical" world, whereas, in daily life, we experience the "lived worlds". This echoes his early work in *Cartesian Meditations* (CM) by focusing on the structure of scientific enquiry or "lived experience" in which the philosophers are:

> 'immersing ourselves' in the scientific striving and doing that pertain to them [the sciences], in order to see clearly and distinctly what is really being aimed at. If we do so, if we immerse ourselves progressively in the characteristic intention of scientific endeavour, the constituent parts of the general final [what is really being aimed at] idea, genuine science, become explicated for us. (Husserl, 1931: 9)

In Husserlian terms, the search for knowledge is basically a "conscious mental act". To make a claim for scientific truth, one has to develop an ordered set of judgements which are based upon the foundation of evidence. For Husserl, "evidence is, in an extremely broad sense, an 'experiencing' of something that is, and is thus; it is precisely a mental seeing of something itself" (*CM*, p.12). Husserl categorised evidence into the "non-apodictic" and "apodictic" (indubitable) type. In ordinary experience, what is "merely" evident is dubious (non-apodictic), since it can be confirmed or refuted by other observations. However, "apodictic" evidence is not just concerned with certainty, but it "discloses itself, to a critical reflection, as having the signal peculiarity of being *at the same time the absolute unimaginableness*

(inconceivability) of their non-being, and thus excluding in advance every doubt as 'objectless' empty" (CM, pp. 15-16). In some cases, evidence, on critical reflection, reveals its self-sufficient "being" and "thing in itself", which is beyond all doubt. Once we establish our beliefs in some evidence, it is impossible for us to cast doubt on this *at the same time.* According to Husserl, 'apodictic' evidence is one kind of 'perfection' for evidence, the other kind is known as 'adequacy' or 'completeness'. To make evidence complete or adequate, it takes "a synthetic course of further harmonious experiences in which these attendant meanings become fulfilled in actual experience" (CM p. 15). It is possible that people differ in their perceptions of an object such as a "tree" since they may see it at a different time and from a different position or distance. What Husserl means is that it is necessary to synthesise all possible meanings of the features of a "tree" before we can understand the "whole" tree.

Husserl acknowledges that "common sense knowledge" begins with "a mental seeing" of facts, known as "experience"; the knowing process is "recording facts", and science, within its theoretical perspective is "ordering facts". We deal with "particulars" or "facts' when we perceive the object in its appearance, for example, an ash-tray (i.e., experience). Taking us to the awareness of an experience "in principle" is to compare the observation and the preconceived idea of an "ash-tray" within its logic of shape, utility and social meaning. Husserl states that:

> Common-sense knowledge begins with the awareness of objects and never goes beyond it. Within the theoretical perspective of which we say that it "comes naturally" to us, all that any inquiry can deal with may be summed up in a single word: it is the "world" [in English,

usually the "objective" or the "external" world]. (trans. by Kohak, 1978: 9-10)

From the perspective of common sense, science is seeing the basic structure of "objects" and "facts" in the world. The world represents the total sum of "experience" and "knowledge" which requires us to see "things in the world". Husserl formulated science[8] as "naïve realism" in which common sense knowledge should not be taken for granted. For Husserl, the realm of universals or essences[9] is known to us directly, completely and wholly through consciousness (mental acts). In his advocacy of "consciousness" as the basic interpretative act of human experience, Husserl (1913, 1929, 1931) uses the terms "noema" and "noesis" to describe the act of intentionality. Husserl ("Ideas", paragraphs, 88-89) refers to "noema" as "the perceived as such" which pertains to "the intentional object of the mental act", or else "the directional element of experience". (Ihde, 1977:43) Noema focuses upon "the what of the experience" which has a *content* related to the perceived object. To put it more clearly, the "perceived" object or experience does not necessarily correspond to the existence of the real physical object in the context. The term "noesis" then refers to "the *referential element of experience*" through which we define the meaning of experience. Yet, "the referential element" may contain bias or prejudice which interferes with our perceptions of the immediate experience.

In his description of the ego, Husserl (trans. by Cairns, 1977:66) emphasises the "experiencing" self. The first feature of the ego is the "identity" in which a person is aware of his/her mind and body, the "mental ego" and the "body ego", as a continuity of character, at the instance of here and now. Husserl introduces the ego which "grasps himself not only as a flowing life but also as I, who live this and that

subjective process,...as the same I." (CM, p.66) The second feature is the "phenomenological ego" concerned with "individuation" or "individuality". A person has his/her history, personal character and style, which makes him/her unique and special. The nature of "intentional" experience, according to Husserl, has the categories of "acts" and "contents". Examples of the acts of consciousness are thinking, remembering, imagining and other "processual" aspects of experience. In each act, the person relies on the sensory contents which "offer themselves as material for intentional informing or bestowal of meaning" (Husserl, 1913/ 1962: Section 85). A person is capable of keeping his/her old style or developing new characteristics by making a decision and abiding by the judgement. Husserl gives the following description:

> If, in an act of judgement, I decide for the first time in favour of a being and a being-thus, the fleeting act passes; but from now on I am abidingly the Ego who is thus and so decided. (CM, p.66)

In this passage, Husserl describes how "an act of judgement" produces the character. For example, it is possible for a person to initiate drug use, either by a decision to accept his/her peers' offer or simply by ignoring the advice from his/her parents or teachers. Husserl claims that despite the temporary nature of decisions or convictions, "the Ego shows, in such alterations, an abiding style with a unity of identity throughout all of them: a "personal character" (CM, p.67). In other words, the individuation of the subject starts from "an act of judgement" and is actualised by "an abiding style". The third feature is the interaction between the subject and the objective world in his/her intentional life. Husserl gives an account of the subject's experience as follows:

> The Ego can be concrete only in the flowing multiformity of his intentional life, along with the objects meant - and in some cases constituted as existent for him - in that life. Manifestly, in the case of an object so constituted, its abiding existence and being-thus are a correlate of the *habituality* constituted in the Ego-pole himself by virtue of his position-taking. (CM, p. 68)

The key word is "habituality". A person notices objects, and constructs his/her experiences and meanings with similar objects and forms a repertoire of self-object-experiences. First, the subject's experience with objects contains a specific meaning or a sense of familiarity. Second the accumulation of these experiences with similar objects (*its abiding existence and being*) serve as references for him/her to connect with the objective world. Third, these "habitualities" have different cultures since people are shaped by their experiences with objects in their specific socio-cultural context. The important point is that the Ego is constituted (or made *concrete*) by a "correlate of habituality" in which the actual experience serves as a guiding principle for us to anticipate things happening in the future.

From the phenomenological perspective, the Ego is constructed by a series of states and actions in the experiencing world. The mental states can range from mental acts, sensations, feelings, and images to nothing. Husserl treats perceptual objects and the self as a "transcendental" part of individual things on the one hand, and consciousness as an "immanent" part of individual things, on the other. The "noema" refers to the world of perceptual objects whereas the "pure ego" is in the self against a backdrop of the abstract world. It is important to note that neither the noema nor the pure ego can be grasped by direct consciousness. It is only by reflective consciousness that the gap between the self and the world can be bridged.

Husserl proposes three phenomenological methods for understanding experience. The first method is by "eidectic" (pure) reflection which ponders on the truth of essences and their connections (Grossmann, 1984). This means that we have to shift our focus from the perceived instance (i.e., objects) to the essence of an individual thing (i.e., meanings, values and beliefs). It is also by reflection that one can realise variations or connections among essences. The second method is through several steps of phenomenological reduction. Here the term "reduction" does not mean to break things down into smaller units, but to enlighten our consciousness from the empirical level to successively deeper levels. This begins with the "phenomenological epoché" (i.e., "bracketing") which is a method to avoid bias and presuppositions. It follows that one could focus on the inner consciousness of the world, by means of "bracketing" or "putting in parenthesis" beliefs or presuppositions about the universe; by a correct description of things and phenomena as they are; and by avoiding hierarchical ordering of each experience (Ihde, 1977). The third method, which is known as phenomenological reflection, is to understand the essence through reflective consciousness. Husserl employs "reflective consciousness" in his transcendental philosophy in which the subject is capable of doubting, understanding, affirming, denying, sensing and imagining.

The reason why I chose Husserl's work is that he gave a clue for understanding meaning and experience. In the *Cartesian Meditations*, Husserl shows that the purpose of science is comprehension and understanding. His rationalistic approach is to search for the constitutive laws of consciousness. In Husserlian terms, evidence is related to "the experiencing of something", that can be doubted or indubitable. One type of evidence is indubitable simply because it

concerns the essence of being (i.e., meanings, beliefs and values). Husserl committed himself to the view that the subject is capable of organising the ever-changing sensory data in a process of "an act of judgement" and the development of "abiding style" and "a correlate of habituality". In both cases it constitutes the experiencing self who forms his/her "personal character" with reference to the past and present experience and other's opinions. The three parts of the intentional relationship, according to the Husserlian approach, are to "bracket" or suspend the presuppositions of things, describe things as they are and reflect through consciousness. In Husserl's view, what makes the subject unique is his/her experience, and the consciousness of a judging mind.

The existentialist, particularly Sartre, rejects Husserl's idea of "transcendental Ego" and his assumption of the objective world as a world of sensory perceptions. In their repudiation of essence as the priority of being, the existentialists argue that "Man does not possess his existence... he is his existence". (Misiak and Sexton, 1973:72) Originally, the literal meaning of the Latin verb *existere* is "to stand out, to become, to emerge..." (Misiak and Sexton, 1973:72). The starting point of transcendental phenomenology is the subject's experiences which are based upon the sensory data of the objective world. The existentialist argues that although Husserl tries to develop the idea of the "transcendental Ego" as a unity of all experiences, he puts the Ego outside the natural world, which separates the self from the objective world. What concerns existential phenomenology is the "action" and the living experience in which a subject develops his/her character and interprets the meanings. Intentionality, according to existentialism, is "the radical interdependence between the subject and the world" (Hammond, Howarth & Keat, 1991:97).

For Heiddeger (Grossmann, 1984), the only way to understand human existence is to view "Dasein" (being-there), a human being, as unique and particular, able to see alternatives for existence, and being free to choose and define himself or herself. In order to study the subjective aspect of life, Heidegger suggests a way to interpret a person's meanings from his or her own world. This presupposes that existential meanings, which are hidden, cannot be directly perceived but are uncovered by interpretations. It can be seen that Heidegger is concerned with a type of hermeneutic (interpretative) phenomenology (Paranjpe, 1984:186).

From Heidegger's perspective, what is fundamental to human existence is to have a world around oneself. This can be understood through the term "being-in-the-world". Things can be seen on three levels: being at hand, being there, and being with me (Grossmann, 1984). Thus, Heidegger insists on a subjective view of space in which the objects, be they on hand or out there, are parts of the individual consciousness. Moreover, there are particular situations when man or woman feels concerned about things or people, and this forms the intentional nexus between the objects and me. Heiddegger used the term *"Sorge"*, which means care and concern, as a connection of a person with the world. Since every property and its important relation can enter into a form of being, there is an ontological equivalence between caring and existence.

Heidegger has pointed out that the meaning of being is not defined by "scientific constructions" but is understood in terms of the actuality of human experience. He asserts that the manner in which a person relates to the world is by mood and understanding. In Heidegger's analysis, anxiety is "a fundamental mood"

which reveals the nature of human existence. To quote the extreme case, the object of anxiety is "nothing", which originates in the primordial state of the world. Thus, the object of anxiety is both nothing-in-the-world and being-in-the-world. To go deeper, Heidegger suggests that "anxiety reveals in human beings the *being* of the possibility of being one's own, that means, of *being free for* the freedom of choosing and defining oneself" (Heiddegger, 1927:232). Heidegger complains about the average and normal "everydayness" of experiences in which man or woman is doomed to be the "plastic" or "dreadful" individual. The mood of anxiety, however, confronts us with the freedom of choice and self-identification. What Heidegger (1927:369) advocates is a "genuine" person who "dares to face anxiety". The implication of such advocacy is that Heidegger, in his contempt of mass culture, prefers the authentic state of anxiety to the plastic way of life.

Sartre defines existence in terms of consciousness, which lays the ground for his defence of freedom. He asserts that consciousness is both "being-in-itself" and "being-for-itself". A subject is involved in a continuous flow of thought so that the mental act, in its self-consciousness, is a "being" in itself and for itself. Sartre uses consciousness to argue that human existence is spontaneous and free on the transcendental level. In his assertion of a unity of the mind, Sartre holds that there is no self in consciousness. Sartre gives an example that "while I was reading, there was consciousness *of* the book, of the heroes of the novel, but the *I* was not inhabiting this consciousness." (*the Transcendence of the Ego*, pp. 47) Instead, there is an object, known as "Ego", which is capable of consciousness. For Sartre, the "Ego" is neither "transcendental" nor "immanent" in Husserl's sense, but

presents itself as "transcendent" and "translucent". Sartre describes his "transcendent ego":

> First, the *I* is an existent. It has a concrete type of existence, undoubtedly different from the existence of mathematical truths, of meanings, or of spatio-temporal beings, but no less real. The *I* gives itself as transcendent. Second, the *I* proffers itself to an intuition of a special kind which apprehends it, always inadequately, behind the reflected consciousness. (*the Transcendence of the Ego*, pp. 52-3)

To answer the question of the consciousness of *I* as revealed in reflection, Sartre claims that the Ego is "transcendent" as it is the "person" in the world rather than the "self" beyond the world. Consciousness constitutes objects in the world as well as the transcendent Ego. Self-consciousness may be inadequate since there are hidden facets such as the past, the future and other characters. A conscious act, however, must be "translucent" or transparent since it is in the phenomenon. For example, "dialling the telephone" reveals its act of communication, which is vivid and concrete. In repudiating a "transcendental self" who reveals his/her experiences, Sartre argues that the conscious act gives meanings to the phenomena. In an act of making a choice, a person reveals to us his/her characters. At this point, there is no need to give an account of "a choosing subject".

For Sartre, the idea of human freedom comes from the consciousness of nothingness. Sartre conceptualises negation and non-being as the attendant notions of nothingness. Firstly, negation is a distinction between fact and non-fact in which the mind is conscious of both the positive and the negative state of affairs. Secondly, Sartre clarifies the relation between negation and nothingness: "In order for negation to exist in the world and in order that we may consequently raise questions

concerning Being, it is necessary that in some way Nothingness be given" (Sartre, 1969:65). It seems that nothingness and somethingness are on an equal basis since they are under a quantified category of no, some, all and every. Thirdly, being, Hegel suggests, is undetermined, but Sartre adds to non-being, "the same undifferentiation denied" (Sartre, 1969:47). This means that being is a primitive notion which cannot be analysed, and non-being is accessible to us through the negation of being. Sartre convinces us by showing that an act of questioning has broken the being from the chain of causal order. We can question anything with no cause. The process of questioning is a "being-in-itself", and to this, nothingness is the origin. In his objection to the causal order of consciousness, Sartre argues that the subject is self-determined when he/she is capable of making the original choice. Such choice is closely linked to the notion of "initial project":

> My ultimate and initial project-for these are but one-is, as we shall see, always the outline of a solution of the problem of being. But this solution is not first conceived and then realised; we are this solution. We make it exist by means of our very engagement, and therefore we shall be able to apprehend it only by living it. (Sartre, trans. 1969:596)

The third feature of being, according to Sartre, is "Being-for-Others" (*Mit-sein*). In the process of self-definition, one defines oneself as the Subject who is transcendent and free and makes the Other *the Object* who is immanent and enslaved. Each person is absolutely free as long as he/she can deliberate, decide and choose his/her course of action. The relationship between the Self and the Other, however, is conflict-ridden:

> While I attempt to free myself from the hold of the Other , the Other is trying to free himself from mine; while I seek to enslave the Other,

> the Other seeks to enslave me ....Descriptions of concrete behaviour must be seen within the perspective of conflict." (Sartre, trans. 1956: 364)

Due to past experiences, one may choose a role or a lifestyle out of self-deception, false consciousness or delusion which makes one feel dread, anguish, or nausea. Sartre described this state of being as "bad faith" or "false consciousness". Sartre introduces the term "conduct" to describe "particular instances between consciousness and the world". He selects questioning, bad faith and nausea as examples of "conducts" in which the subject is aware of his freedom but at the same time feels that his role and lifestyle are a burden from which he wants to escape.

The task of the phenomenologist, according to Sartre, is to describe the relationship between "being-in-itself" and "being-for-itself" in all possible situations. Existential phenomenology gives me insight into the understanding of "person-in-the-community" and "person-for-the-community" which are important values for the Chinese people. The criticism of Sartre's strong form of "existence" remains that, if "being-for-itself" is undetermined, one is free to make any choice, without reference to social or group expectations. The "being" in Sartre's writing is always under threat, and the state of consciousness is unstable. Finally, the "being" is at a loss and turns out to be a "victim" of his/her consciousness and the situations. The weak form of Sartrian existentialism, however, helps us to understand how a decision reflects the subject's character and his/her situation.

The previous account of phenomenology and existentialism, particularly represented by Husserl and Sartre, presents us with their different ideas about the law of consciousness. For Husserl, the law of consciousness is the "essence" of being.

The key question is how the subject makes sense of the objective world in terms of evidence, judgement, "abiding style", contents and acts. The phenomenological method consists of bracketing prejudice, describing the experience in itself and displaying the structure of the particular perception. For Sartre, the law of existence is the feature of "presence to itself" in terms of "being-in-itself" and "being-for-itself'. The task is to interpret action, meanings, choice, emotion and situations which represent the "conscious act". Phenomenology and existentialism are useful for understanding Chinese philosophy as they give recognition to the description, reflection and analysis of human consciousness and experience. The Chinese thinking of being and becoming, however, claims a unity of essence and existence. More importantly, Chinese philosophy places a strong emphasis on moral and ethical principles as reference points for people to make decisions and to take action.

2.3.2 The Chinese Model of Being

Considerable attention has been given, in the Chinese tradition, to the analysis of a person's relationship to the world. Cua (1975) points out that there is no semantic equivalent for the term "world" in Chinese. In everyday use, the notion of "world" can be *T'ien Ti* (Heaven and Earth), *Wan Wu* (Chaos), *Shih Chiai* (Earth), and *Yu Chou* (the Universe). In addition, Cua (1975) identifies two meanings for the notion of "world": the "pragmatic" one and the "transcendental" one. On the pragmatic level, the word "world" stands for personal and impersonal meanings, including the individual sense of being, a person's sense of the public, the earth and the Universe. Although the term "world" is widely applied to being and non-being, its philosophical meaning, argued by Munitz (1970) is unique and transcendental.

The intrinsic nature of the "world" has its origin in the "primordial" state. It stands for the mysterious aspect of existence, giving no answer to its origin.

The conceptualisation of the term "world" and its attendant notions, are important for understanding Chinese thinking about human existence. Munitz (1965) posits that man's existence is a response to the transcendental level of the world. The term "existence", according to Munitz (1965) refers to the awareness of "instance" on one level and the dynamic activity of the world at the other extreme. In their special senses, the words "world" and "existence" are synonymous with the description of the "way" of man and the "Tao" of the world. In his doctrine of moderation, Confucius states that "what Heaven (*t'ien*) imparts to man is called human nature (*Sheng*). To follow our nature is called the Way (*Tao*). Cultivating the Way is called education. The Way cannot be separated from us for a single moment." (Cua, 1975: 324-325) More significantly, the Way in Confucianism is viewed as a human way in which both the world and the Way advance moral and intellectual development.

It can be seen that the basic unit of interest in Chinese tradition is a "person" rather than "essence" or "existence". As mentioned earlier, the Chinese word has different root metaphors. The philosophical meaning of *I* (*ngoh*) in Chinese is both particular and universal. Namely, the small being (*siu ngoh*) is a particular inscription of the individual, whereas the great being (*dai ngoh*) stands for the universe, the world, and the society. There is an existential nexus between being-in-the-world (the small being) and being-for-the-world (the great being). The vision of the human person, according to Confucian philosophy, is one who cultivates *jen*

(benevolence), *yi* (righteousness), *li* (propriety) and *chih* (moral judgement) for the service of humanity.

Confucianism and Taoism are radically different in their explanations of "being" and "non-being". The former recognises the existence of "being" and "non-being" in the interplay of change. In Chinese, the word, the nature of things, "*hsing*" includes the word "*sheng*" which means "birth and life" (Chan, 1967). While the Neo-Confucianists interpret "*Yang*" as "being", "*Yin*" as "non-being", the two generate the system of change. The Confucianists view the Universe as "a great current" in which "change" is positive and "time" is "moving forward", whereas the Taoists conceive Nature as "a great transformation" and "time" is cyclical. Therefore Lao-tzu in his *Tao-te-ching*, allocates everything to "non-being", that "Heaven and Earth and all things come from being, and being comes from non-being" (Chan, 1967:134). The doctrine of Taoism lies in its "self-transformation". In Chapter 27, Chuang-tze[9] says, "all things are derived from the source. Through their various forms, they interpenetrate in each other. The beginning and end of this interpenetration is like a cycle, of which no one knows its sequence. This is called natural identity" (Chang, 1977:418).

On the basis of correlative rationality, the person is considered to be superior because he/she shares the common nature of Heaven and Earth. The idea of virtue, according to Confucianism, is the intuitive understanding of innate goodness and the concrete experience of basic sentiments. For example, Mencius, one of the followers of Confucius, argues the case for humankind's goodness by making reference to the immediate feelings of sympathy felt when seeing a child who is "about to fall into

the well" (Mei, 1967:156). The basic sentiments are present in the five virtues: *yen* (benevolence), *yi* (righteousness), *li* (propriety), *chih* (moral judgement) and *hsin* (belief). Thus a person attains these moral virtues by manifesting his or her natural identity. Most significantly, the Chinese world-view lays heavy emphasis on self-reflection and self-awareness in concrete life situations as the disclosure of the original mind for humanity. The ultimate purpose of existence, according to Confucian philosophy, is the manifestation of *"yen"* (benevolence) which is a compassionate feeling for all lives.

As traditional Chinese culture emphasises the unity of the person and the environment, the notion of "human relatedness" becomes the fundamental mode of being and form of lives. In its ideal form, the "Being" in the Chinese context is a synthesis of "Being-in-itself" and "Being-for-itself". Confucius saw five social and ethical orders for human relationships: king-subject, father-son, husband-wife, brotherhood and friendship. In other words, there is an intimate connection between one's being with his/her family, the "Family's name" community, and the country. Although Confucius sometimes described the senior's power over the junior, he more often described this relationship as positive, mutual and responsible. The Chinese philosophers put emphasis on the "Social Self" in the "Self-other" dichotomy in which one's being is constituted by a person's relatedness to family, friendship and the community. A person is identified with his/her family, community and country. He/she is expected to show filial piety, love to siblings and loyalty and respect for the country. The web of social relations is governed by the principles of formality and responsibility. To maintain the family's harmony, the father is expected to supervise his children's behaviour by moral preaching and role-

modelling whereas the mother is the care-taker, nursing, cooking and carrying out household chores. In return, children are taught to obey their parents and live up to their expectations.

For Taoists, reality is relative and interdependent, and the world is conceived as *Wan Tu* (Chaos) in which the existence of things shifts between active and passive, normal and abnormal, regular and irregular. It appears that the phenomenal reality in the human consciousness is relative and uncertain because it is involved in a process of change. Yet the Taoists advocate the process of "self-transformation" by means of maintaining the inner spirit, following the nature of things, and uniting with the universe.

While Confucianism advocates the moral aspect of the human mind, Taoism emphasises a transcendental mind which captures a trinity of nothingness, being and mystery[10]. *Tao* is characterised as "unnamable" and "indefinite" since "all things create themselves from their own inward reflection and none can tell how they come to do so" (Chan, 1963: 66). In his attempt to denote "nothingness" as "Tao-in-itself" and "being" as "Tao-for-itself", Wong (1991) suggests that the "profound mysterious Virtue" is "Tao-in" and "Tao-for-itself" resulting from a dialectical reconciliation between nothingness and being. In its deepest sense, things including being and non-being are autonomous and reflective, capable of transformation through a process of self-consciousness and self-examination. More important is the non-assertion and non-deliberation that the person empties his or her mind of knowledge, action and desire, participates in the universe through the intuitive understanding of "*Te*" (intrinsic excellence of things), and experiences the state of "dwelling in" or

"togetherness" with nature. Insofar as Taoism advocates the art of existence based on spontaneity, relativity and intuitive understanding, it also suggests a revelation of Tao through self-forgetfulness and the fasting of the mind (Watson, 1968:23).

At first glance, the concept of *Wu-wei* (non-intervention) expounded by Taoism is a passive view of life. The experience of relatedness is in fact the reciprocity of "action" and "no action" which transcends the still point of Tao. The passage of Chuang Tzu read like this:

> "Everything can be 'that', everything can be 'this'... 'That' comes from 'this' and 'this' comes from 'that' - which means 'that' and 'this' gives birth to one another.... When there is no more separation between 'this' and 'that', it is called the still point of Tao. At the still point in the centre of the circle, one can see infinity in all things". (Chuang-tze, trans. 1974:29)

If "action" is "this" and "no action" is "that", it is only through the grasp (action) of the intrinsic nature of things and the non-assertion of the will (no action) that one can attain intuitive understanding (Hall, 1978). The spontaneous action, which is devoid of the act of will, becomes the force of creativity and transformation rather than an apathetic view of life. The principle of "doing everything by doing nothing" is to do nothing specific and to do everything which follows the natural order (Cheng, 1972). In this way, "*Tao*" can be conceived as an incessant moving transformation, manifested by the inter-penetration of *Yin* and *Yang*. On top of this, Chuang Tze further develops the relativity and relationality of *Tao* in which "change" and "no change", though they may be different in characteristics, are interdependent. Chuang Tze's view implies that the law of change is relational and relative, and a person has to open his or her mind by detaching it from any perceived

or pre-conceived ideas. More significantly, the way of being, also known as *Tao*, is to attain the ultimate freedom by following one's own goal, as natural as the movement of wind and the four seasons.

The transcendental Chinese thinking may be strange to Westerners who are used to a logical and scientific view. The Chinese notions of change seem to be arbitrary as they can explain everything but lack verification methods. The point is that, if Oriental thinking has a dominant influence on the Chinese daily lives, serious attention should be paid to understanding Chinese notions of change before Western helping theories are considered.

2.4 Searching for a Suitable Model of Change

The study of Chinese and Western thinking reveals how we see things from a cultural perspective. Significantly, how we experience reality shapes our beliefs, values and views of the world and human relationships. It is an interesting observation that Chinese thinkers tend to adopt a "both-and" attitude on human issues, whereas Western traditions take an "either-or" view in discovering the world. While the traditional Chinese model is radically different from the conventional Western scientific approach, the phenomenological and existential approaches serve as common ground for Chinese and Western thinking.

To address the question of "how things happen", the scientific field contributes to the study of "efficient" cause by presupposing a continuity of change. There will be no causal chain without the existence of continuous change, the observable and testable features, the sufficient and necessary conditions and the

reduction methods. Unlike physical scientists who conduct experiments in the laboratory setting, social scientists deal with multiple conditions in the natural environment. While recognising the inadequacy of a linear causality, social scientists attempt to explain social phenomena through approximation by observations or empirical studies. It should be noted that, in social science, the advance of quantitative analysis by methods of correlation may seem fallacious or probabilistic. As part of a way of looking at the relevant and sufficient conditions of treatment change, this study will assess treatment outcome through the manipulation of different variables and by a small survey.

For Bacon, the truth of knowledge is discovered by inductive or deductive methods. Rationalism relies on deduction and formal theories *a priori*, and searches for forces and structure as explanations of the phenomenon. Empiricism, however, starts from perceptions, observations and induction, it insists on the analysis of causation with "constant conjunction", and constructs theories of the phenomenon. Hume presents the ideas of causality as twofold: first are the precedence and contiguity of two conceptual objects with repeated occurrence. Second is "the working of minds" which determines the relationship of the perceived objects or events. In research related to exploring women's addiction and rehabilitation, the problems with causal explanations and methods are acute. We find that drug abuse, as a complex phenomenon, is affected by multiple causes, based upon individual difference in a person's experiences of drug use. In this study, empirical approaches are adopted to understand the meanings of drug use, motives for seeking treatment and the experiences of treatment and recovery. Yet in considering a group of Chinese female drug abusers all going through the rehabilitation programme at the

same time, the treatment process can be viewed as continuity of change at pre-treatment, treatment and post-treatment levels. The principle for an outcome-study is to explore effective mechanisms by measuring the differences between the pre-treatment and post-treatment levels. In this study, methodologically both induction and deduction are used to understand the treatment experiences on the individual level and the outcome study on the group level.

A close look at Chinese and Western thinking shows a radical difference in their conceptions of theory and axiom. Strictly speaking, there is no "theory" in the Chinese model but only axioms and proverbs. The Chinese model of causality, with an emphasis on a unity of nature and human conditions, is holistic and intrinsic. By reflecting upon the natural phenomenon, Chinese thinkers construct "the most general axioms" which are moral and spiritual values, aimed at cultivating goodness and virtue. The role of "theory", however, is very important in the Western scientific model. The foundations of theory, according to Sayer (1992), are based upon facts, practice and common sense. In the process of scientific sociology (Wallace, ed. 1969), theories are formed into hypotheses which are tested by observations. On the other hand, the truth or falsehood of a theory depends on observations and empirical generalisations. A theory represents the researcher's subjective observations, conceptualisation and explanations. It reflects a certain truth but not the whole truth.

The ideas of causality both in the Chinese and Western thinking contribute to this study with three levels of understanding. Firstly, facts have meanings. For Durkeim, one can explain "social facts" in relation to "some social ends". Man makes rules and, somehow, human behaviour is governed by social rules, norms and

practices; for example, the "market economy". Husserl defines "evidence" or "fact", in its broad sense, as an "experiencing" or a "mental seeing of something in itself". What we think is real is a match between the "mental" picture and the "external" object. In scientific term, facts are different from values, in the way that rationalists place an emphasis on mathematics for the validation of the data, whereas empiricists assume "the truths of human nature" and the subjective experience of the informants (Hollis, 1994). In this study, I shall start by collecting the facts about the informant's social backgrounds, drug history and life experiences; and the treatment's structure and programme. Having classified the informants into sub-groups or categories and computed their rate of satisfaction and success, I arrive at a correlation of the women's profile and the programme characteristics which give a preliminary picture of the process and the outcome of the Women's Treatment Centre.

The second level of understanding is related to concepts and/or theories which analyse drug abuse, Therapeutic Community and recovery. In this, I return to the early argument about whether structure determines action or vice versa. Using the Chinese "both-and" attitude, I see that the "social world" not as something external to the subject but as "the referential element" of the subject for action and decision. Examples of "the referential element" are beliefs, values, norms and practices. The understanding of structure and action is important, for it sheds light on how rules, roles and forces in the system affect the subject's action and behaviour. Weber's concept of "bureaucratic organisation" will be useful in my discussion of the Therapeutic Community in Chapter 4. On the other hand, reasons for action, whether they are "rational" or "irrational", are signposts for us to understand the meaning of an action. Kant (1781) in *The Critique of Pure Reason* remarks that

"concepts without percepts are empty; percepts without concepts are blind." The relation between percepts and concepts is a key factor in understanding the difference between Chinese and Western thinking. The universe, according to the Chinese thinkers, is a matrix of various self-created entities striving for self-actualisation. Since everything in the universe is its own cause, there are multiple actualised worlds from which no absolute and final cause can be drawn. The Chinese thinkers maintain a relative approach which strives for a "holistic" understanding from different points of view. The rationalists in the Western context, however, search for exact interpretations and/or explanations for social situations and human behaviour. Chapter 3 will show the sociological and psychological theories about drug addiction and the changing process, particularly in the relationships between structure, consciousness and action. This serves as a guide for me to understand common human needs. However, these theories should not prevent me from undertaking enquiries into the cultural values of a group of Chinese female drug abusers, which are unique and special.

The third level of understanding is an inquiry into the women's purposes, reasons and values for drug use and recovery. The Confucian perspective, which suggests practical social order and life principles for people to follow, has a dominant influence on Chinese people's daily lives. In a paper devoted to a characterisation of the Chinese philosophy, Cheng (1972:162) remarks that "in Confucianism, man is a relational being who depends upon other men for the cultivation and perfection for himself. In Taoism, and even in Chinese Buddhist doctrines, man is relational to all things, but has to interact with and participate in the activities of Tao in order to be good and perfect." The idea of a "relational being" or

"person-in-the-community" is very important, for it gives meanings and expectations in a web of social relationships in the Chinese community. Community embodies values, norms and rules. In its form of family or group, it demands active participation and shared responsibility. It seems that the approach of "person-in-the-community" is very deterministic but it provides moral values as "referential elements" for the individual to make judgement and take action. The weakness of this approach is that the power of the community is corrupted; and some individuals suffer from the patriarchal system. The Chinese thinkers argue that the ideal type of leader is a true human being, who cultivates goodness and virtue, advances others' well-being, keeps pace with social order, and harmonises with the universe. Significantly, the idea of a "relational being" makes me think that the W.T.C. provides a "relational" context for the Chinese female drug-abusers to learn from each other in a positive way. The focus of this research is to understand how a woman constructs her meanings in a society which is full of contradictory values between tradition and modernity. It is also important to understand how a woman experiences the rehabilitation process and life after the programme, particularly in her own interpretations of the "lived" experience.

The discovery of truth, according to Husserl, starts from "things themselves" which take us to the "essence" of the phenomenon. In Chinese terms, the "essence" is the *"Li"* (the moral mind linked to the inner order of Heaven) in Confucianism and "*Tao*" (the spiritual being related to the uncaused, nameless and all-embracing principle of the universe) in Taoism. "Epoché" is a term that describes a method of eliminating bias or presuppositions by putting aside our knowing, understanding and judgements (Moustakas, 1994). As we adopt a "naïve" attitude to perceiving the

world, this kind of perception and description turns out to be spontaneous, open and imaginative. This echoes the Taoist's idea of *Wu-chin* (no knowledge), which is the non-assertion of the will, that frees us from the preconceived ideas and becomes the force of creativity, spontaneity and autonomy. Schmitt (1967:61) explains "phenomenological reduction" in a way that "is called 'phenomenological' because it transforms the world into mere phenomena. It is called 'reduction' because it leads us back (Lat, *reducere*) to the source of the meaning and existence of the experienced world." Moustakas (1994) suggests that in phenomenological reduction, every experience is regarded as "singular", total and essential. One should perceive and describe the phenomenon in its "essential constituents" and "imaginative variations". Essential constituents refer to the essence of the experience in terms of perceptions, thoughts, feelings, sounds, colours and shapes. Meanings, themes and perspectives which are varied in the individual or collective sense are known as "Imaginative Variations". The above discussion shows that the phenomenological approach is compatible with Chinese thinking. The phenomenological approach in its terms of Epoché, reduction, imaginative variation, and a synthesis of essence and experience also serves as a guiding principle for the research design and methodology. Chapter 5 will elaborate the empirical phenomenological research methods.

Transcendental phenomenology attaches a high value to an understanding of the "pure ego". The purpose of a phenomenological description is to enhance the "Ego" by reflecting on "the act of judgement", "the abiding style" and "a correlate of habituality". Human existence, the existentialists argue, is dominated by emotions and conditions. Existential phenomenology leads us to interpret human action in terms of meanings, emotion, choice, conducts and situations. Chinese thinkers and

the existentialists share similar ideas. For Sartre, the consciousness of "nothingness" and its attendant meaning of "negation" directs us to the awareness of the positive and the negative aspects of affairs. In Chinese terms, the knowledge of *Yin-Yang* makes us conscious of the positive and the negative aspects of each phenomenon as well as the feminine and receptive force. On the other hand, the Chinese thinkers see human existence as the maintenance of social and moral order, achieved through cultivating good human qualities, assuming social responsibility and contemplating truth, goodness and beauty. The Confucian perspective prioritises the "Social Self" over the "Private Self"; a person derives his/her growth and development in interaction with others. The Taoist vision of "*wu-chin*" (no knowledge), "*wu-wei*" (no action) and "*wu-yu*" (no desire) pertains to the spontaneous aspect of a person, the intuition of *te* (intrinsic excellence) of nature and the development of inner strength. The aim of this study is to let the Chinese female drug abusers describe their experiences, and more importantly to use the Phenomenological approach and the Chinese perspective to understand, analyse and interpret the "self" and the experience.

It can be seen that the Scientific Revolution, for half a century, was influential in the development of knowledge in several fields. Many scholars have attempted to use scientific methods which are based on the philosophy of logical positivism for knowledge building. Thus the ideas of objectivity, verifiability, reliability and replication have been very popular in research studies during the period 1940-70. On the other hand, the phenomenological and existential approaches place emphasis on the totality of human experience, treating "internal" (subjective) experience as primary data. Many battles continue between the

scientists and the humanists. The question is: what constitutes the Chinese women drug user's experiences? Chapter 3 will look into the empirical findings, Western social science theories and the Chinese cultural characteristics to deepen our understanding of the concepts of consciousness and experience. I hope the discussion will have served as a sign-post to show a way into designing the empirical study.

NOTES

[1]Heaven (*t'ien*) is conceived by Confucius as the inner creation of everything, which is different from the objective existence of God in the Western thinking. Cheng (1976:8) explains that the 'inner order of Heaven pervades all things and interrelates them so that all things have their place in the world when they derive their existence from heaven.' Heaven is also the way of functioning in Nature.

[2]*Ta Chun* runs 'the Heaven is high, the earth is low. This determines the creative and the perceptive. In correspondence with this difference between low and high, inferior and superior places are established. Movement and rest have their definite laws. According to these, firm and yielding lines are differentiated. Events follow definite classes. In this way good fortune and misfortune come about. In the heavens phenomena take form; on earth shapes take form, in this way change and transformation become manifest.' (Book of Change, trans. Wilheim, 1972:280)

[3]*Yin* is the feminine force which represents earth, potential, subjectivity, nurturing and passive. *Yang* is the muscular force which characterises heaven, positive, actual, objectivity, creative and active.

[4]*Tao* is the all-pervading principle through which the Universe has become into being. There are two natures of '*Tao*', the 'primordial being of man' and the impartiality of all things. (Chang, 1963) while *Tao* is unnameable and nameless, it is the origin of everything. *Tao-te ching* talks about how *Tao* generates one, two, and ten thousand things which carry *Yin* and embrace *Yang*. The blending of *Yin-Yang* produces harmony, such harmony is known as 'the Eternal', and the realisation of the Eternal is Enlightenment.

[5]The Physical Science Theories, usually represented by Physics, aim at deducing laws and regularities from Nature by means of hypothesis, construction, experimentation, observation and verification of hypothesis.

[6]In his book of the *Cartesian Meditations,* Husserl draws a distinction between the aim and method of Descartes' *Meditations*. He accepts Descartes' aim of reforming philosophy "into a science grounded on an absolute foundation". (C.M. p.1) Husserl regards Descartes' motif "I exist" as the right beginning but the "method of doubt" in a certain kind of self-reflection procedure demerits the status of the "subjective" thinking. The reason why Husserl refuses Descartes' doctrines of "Objective Nature" and the dualism of minds and bodies is that the "empirical method" in use will not be appropriate for the study of human experience.

[7]The word "phenomenology" has its origin in the Greek word "φαινομενον" which refers to "appearance". Immanuel Kant states that we can never understand a thing within itself (the noumenon) but as what appears to us (the phenomenon). Phenomenology has recently developed into a variety of doctrines which explore our experience of the world. The experience of a phenomenal reality, according to Spinelli, (1989:4), "opens to a multiplicity of interpretations". Hammond, Howarth and Keat (1991:1-2) state that "phenomenology involves the description of things as one experiences them, or of one's experiences of things."

[8]In their interpretations of Husserl's phenomenology, Hammond, Howarth & Keat (1991) clarify the term "*Wissenschaft*" (science or a form of enquiry) as a wide range of studies, including empirical science, a priori 'sciences' such as logic and mathematics, and the hermeneutic disciplines in the human and social sciences.

[9]Initially, the Classical tradition distinguished things into "substances" and "accidents"; the former are independently existent, for example the moon, Plato and the sewing machine. The existence of "accidents", however, relies on "substances" that can be found in colour, length, height and weight. Substance is also a combination of matters and essences in which matters are formless and essences are universal properties. Husserl further refers instances to accidental properties. Thus there are two kinds of perceptions: the ordinary perception of in-stances and the eidectic intuition of essences. (Grossmann, 1984)

[10]Chuang Tzu (b:369? BC), also called Chuang Tze, is among those who had a widespread influence on Taoism. Chuang Tzu is also the name of the book recording his discourse.

[11]Chapter 16 of Chuang Tze clearly states the relationship of Nothingness, Being and Mystery. "In the Great Beginning, there was Nothingness, there was neither Being nor name. The One originated from Nothingness; it achieved Oneness, but no existential forms were manifest. Things acquired it (the One) and came into existence. That was called Virtue. What was formless was divided [into *Yin* and *Yang*] and diversified into myriad things. That was called Destiny. Through movement and rest, it (the One) produced all things. Things were produced in accordance with the principles of life. That was called formation. The formed physical bodies maintained their inner spirit in order that every move (activity) would follow their specific principles. That was called Nature. When Virtue is perfected, one will be unified with the Beginning. Being unified with the Beginning, one becomes vacuous (receptive to anything). Being vacuous, one becomes great. Then one will mindlessly partake in the move of cheep and chirp. Thus, one is united with the universe. The unity is actually intimate but apparently stupid and idiotic. This is called profound mysterious Virtue, in which one participates in the Grand Submission [to the One or Tao]" (Schwartz, 1985: 4-5).

CHAPTER THREE

EXPERIENCE AND CONSCIOUSNESS

3.1 Introduction

Chapter 2 discussed the basic themes of transcendental and hermeneutic phenomenology. Both are concerned with the knowledge of human experience and consciousness. The central theme in Husserl's work is that there is a meaningful structure in human experience. According to Husserl, scientific truth is to be found in *epistemology*, which explores the nature and grounds of knowledge with reference to its limits and validity (Spiegelberg, 1982). Husserl's idea of experience is an act of intentional consciousness. Experience of things or phenomena is directed towards an object, and involves sense perception and other cognitive-emotional processes (such as believing, judging, feeling and caring). Another key aspect of Husserl's phenomenology is the concept of *life-world (Lebenswelt),* the world of lived experience. We take for granted many things in the *life-world* and this makes it difficult for us to reach to "the things in themselves". Husserl (Speigelberg, 1982) referred to the term *Epoche* (a Greek word for suspension of beliefs) as his reduction method to uncover and describe the structure of life experiences. The task is to put aside our beliefs and presuppositions in order to see the phenomenon in its essence.

Unlike Husserl's phenomenology, Heidegger was primarily interested in the *ontological* problem of the nature and relations of being. In the Heideggerian sense, phenomenology is concerned with the interpretations of the meaning of being rather than the descriptions of the constitution of consciousness (Stapleton, 1983). From the existentialists' perspective, human experience reveals meanings, beliefs and

values which are shaped by cultures, traditions, rules, norms and games. Sartre (Misiak and Sexton, 1973) emphasised that, although a human being is restricted by historical circumstances, he/she is free to make choices. Hermeneutic or Interpretative phenomenology brings into light the idea that there is "inter-subjectivity" of human experience in which a person's subjective *life-world* shares with another's personal world or social reality. The concern of hermeneutic phenomenology is to uncover hidden meanings, themes, and patterns in human experience.

Criticisms of Husserl's phenomenology for research studies (Ray, 1994; Anderson, Hughes & Sharrock, 1986) are that Husserl's conception of consciousness is rather restricted and his reduction method fails to give detailed instructions. Barritt et al (1983) point out that the relativity of interpretation in hermeneutic phenomenology may lead to conflicting ideas and misunderstanding.

Despite its limitations, the phenomenological philosophy contributes to this study in different ways. Phenomenology expresses a desire for openness in the study of conscious experience. It provides an approach for me to understand how the women drug users' experiences are reported in recent studies and journal articles. The meanings of the investigators' and their participants' experiences are placed within the social and cultural context. When it comes to the idea of shared *life-worlds*, it enables me to compare the W.T.C. experience with other T.C. contexts. Many scholars (Barritt et al. 1983, 1984; van Manen, 1990; Giorgi, Fischer, & Von Eckartsberg, 1971) advanced the ideas of phenomenology in research methods. Based upon the phenomenological research approach, a review of the literature and

the existing W.T.C. services sets a framework for me to formulate research questions, select study participants, conduct the field study, and generate data analysis and interpretations. For this reason, this chapter focuses on the knowledge of the women drug users' experiences by reviewing recent studies and the Chinese perspective. The next chapter takes us to the W.T.C. context as an environment for the transformative experience. The research design is discussed separately in Chapter 5.

3.2 What Constitutes the Women Drug Users' Experience?

What is at issue in transcendental and hermeneutic phenomenology is whether consciousness determines human experience or the social, cultural and historical circumstances determine the meanings of existence. This leads to the question whether drug use is the person's responsibility or he/she is compounded by his/her life circumstances for a drug-taking habit. Taking the Chinese "both-and" attitude, I see that drug use is an interconnected dilemma between the person and his/her particular circumstances. As we will see in the international and Hong Kong studies and research findings, some researchers concentrate on the women drug users' social and life circumstances whereas others focus on the women's beliefs, values and feelings in drug use. It tells us that at root the women drug users' experiences are unique, complex and unrelated, and they are not a homogeneous group. In reviewing the recent studies and theories, we must take account of the views of the investigators and their research participants. Difficult as it is to understand the whole picture of the women drug users' experiences, it is crucial that

the re-presentation of the previous findings gives insight into the themes of the research study.

3.2.1 The International Studies

Early drug abuse research tended to underestimate the extent of addiction problems for women partly because there were far fewer women addicts than male addicts, and partly because it was assumed that women's problems were the same as men's. From the 1970s onwards, research investigators have begun to develop an interest in and to make sense of women's addiction problems. A review of their research methods and findings gives me insights into the generic characteristics of women drug users, their social backgrounds, their particular social circumstances and their experiences of drug use and treatment.

Five issues have been identified through the international studies. The first is the stereotyped nature of assumptions about women drug users. Women drug users were reported as "untrustworthy, immature, promiscuous, irresponsible, inadequate, unnatural, unfit mothers" and their drug addiction was seen as a symptom of "an inadequate personality" (Wolfson and Murray, 1986:6). Compared to men, they were depicted as "morally weaker" (Mondanaro, 1989:10; Denser-Gerber et al., 1972), "sicker" (Marsh et al., 1982; Kaufman, 1985; Gomberg, 1986), "more dependent" (Kaufman, 1985; Cuskey, 1982; Auld et al., 1986). Owing to the prevalence of AIDS among intravenous drug users and prostitutes, women addicts are now brought to medical attention since they are likely to be carriers of the HIV virus, which may be transmitted to their babies. Thus they are regarded as inadequate mothers since they are "out of control of their own lives and unfit to be in

charge of anyone else's" (Perry, 1987:6). Taylor (1993) challenged this view by showing that the women in her research were assertive and independent in supporting their children and their addiction.

What can be understood from these analyses is how limited the available studies are in truly representing women drug users. Ettore (1989:584) reasons that the little available information on women's addiction made the researchers "assume that substance abuse was primarily a 'man's disease' or a 'male problem'. Women were effectively ignored and excluded from these analyses." Another reason is that women drug users are not a homogeneous group and it is difficult to draw a representative picture. When it comes to exploring the Chinese women drug users' experiences, I am reminded that each interviewee is unique and special with her own personality and social characteristics.

The second issue is that research evidence only reveals the interests of the investigators and the research participants' consciousness of their experiences in a specific context. Some investigators are interested in gender differences and social circumstances which explain part of the women's drug use problems. They categorise the women drug users' experiences into standard dimensions. For instance, an annual American national survey by the University of Chicago (Johnston, et al.1989) found that 56 % of male college students compared to 35 % of female college students reported having consumed five or more drinks at one session in a period of two weeks. Other research findings (Reich, 1988) demonstrated that, in a period of six months, men (8 to 10%) far exceeded women (1 to 2%) in over-consumption of alcohol. Ojesjo (1984) suggests that men are more likely than

women to have alcoholic blackouts. However, it is suspected that there are alcoholic issues "hidden" by American middle-class suburban women. What Lex (1985) discovered did not support this:

> The stereotype of the typical "hidden" female alcoholic as a middle-aged suburban housewife does not bear scrutiny. The highest rates of problem drinking are found among younger, lower-class women ... who are single, divorced, or separated (Lex, 1985: 96-97).

The problem in this type of research is that it fails to tell us why drinking problems are an issue for younger, lower-class women who are single, divorced or separated. Harrison's (1989) findings demonstrated that the younger women in her study were more likely to use alcohol and drugs at an early age than older women, raising the possibility that the younger group encountered greater lifestyle problems, possibly owing to societal change at that period. Noticing the changing nature of women in treatment, Harrison (1989) found that the younger women in her study were less likely to be college graduates, less likely to have steady jobs and more likely to be single mothers.

Elsewhere, Peluso and Peluso (1988) identified the unique characteristics and needs of chemically dependent women as follows:

> The majority of chemically dependent women cite difficult life events as precipitating factors in their drug use. Typically, a woman uses chemicals to reduce stress and to cope with her life, and to anaesthetise her painful, negative feelings. If we view the chemically dependent woman as a victim of the very same disease that strikes men, we ignore the unique situational stresses and cultural pressures that impact her - and all women (p. 184).

From the investigators' point of view, drug use for the women is an experience which links up feelings about past life events, coping with stress and the

physical process of drug addiction. Research findings (Doshan & Bursch, 1982; Kane-Cavaiola & Rullo-Cooney, 1991) indicate that women tend to begin and/or continue drug use after some traumatic experience. Several studies found a higher declared rate of childhood and adult abuse among women in treatment (Marsh & Miller, 1985; Hagan, 1988; Harrison, 1989). Some women were victims of physical or sexual abuse by family members and/or extrafamilial sexual abuse by men. Too often the research findings tell us the temporary minds of a group of women who are in the treatment environment. Insofar as drug problems are viewed as an issue for younger and lower-class women who are constrained by social and cultural circumstances, it becomes a central theme of this study to explore the life situations of the Chinese women drug users in Hong Kong.

Thirdly, Rosenbaum (1981a) points out that most studies of women drug users are limited to medical, psychiatric or psychological perspectives. Many research findings (Marsh & Miller; 1985; Densen-Gerber et al., 1972; Gomberg, 1986; Perry, 1979; Reed, 1985) showed that women drug users were comparatively worse off than their male counterparts. They were heavily addicted, complaining more of health problems and coming from broken or drug-using families. Other researchers (Reed, 1985; Underhill, 1986; Wilsnack, Wilsnack & Klassen, 1984) pointed out that, compared with male drug abusers, chemically dependent women felt more guilty, anxious, ashamed and depressed. Addicted women may engage in prostitution and in theft and shoplifting to support their drug use. Root (1989) reported that addicted women, unlike addicted men, expected little from their lives. They were concerned more about daily survival and the minimisation of physical discomforts. Reed (1985) found that court issues for women addicts centred on child

custody, divorce and separation and landlord-tenant disputes. Studies found that the prognosis for women addicts in treatment, compared with men, was poorer, since they were less educated, had fewer experiences of vocational training and had limited financial resources (Hagan, 1988; Marsh & Miller, 1985; Reed, 1985). Caution should be exercised when we tend to generalise the issues, needs and concerns of the women drug users from one context to another. The second theme of this research study is to compare the findings with the Chinese women drug users' experiences before, during and after receiving treatment from the W.T.C..

The fourth issue of drug addiction research is that social problems at a certain period influence the investigators' choice of research method. In the 1960s, American sociologists (Becker, 1963; Rubington, 1967) developed the concept of "career" to describe the lives of male drug users in their social and cultural context. For a group of young people who lived in slum areas and had limited job opportunities, drug use was meaningful to them as a lifestyle or an alternative "career". The career model characterises the drug users as capable, resourceful and purposeful, which is in contrast with the portrayal of drug users who are in treatment as "weak" and "sick". England experienced economic recession with a high unemployment rate in the 1980s. As a result, the notion of a "drug-taking career" has been widely applied in the ethnographic studies of young substance abusers.

In 1993, Taylor used the concept of "career" to analyse a group of female intravenous drug users in Glasgow. In her study, the women declared that they had begun drug use out of curiosity, with the motive of seeking pleasure and excitement. With continued substance use, women drug users acquired the skills to get drugs and

raise money to support their lifestyles. Their normal routine included self-care, child-care, chats with addicted peers, collecting information about drug prices and qualities, raising money and keeping a distance from family members. Taylor (1993) emphasised that the women in her study participated actively and voluntarily in their habit of drug use. More significantly, they were capable, self-reliant and well organised, structuring time and activities in a drug-using career and linking with other drug users in a social network. It is easy to see how findings from a group of women drug users on the street are contradictory to research studies of addicted women in treatment. The different findings suggest that women drug users are not a homogeneous group or that the same women are seen differently in different settings.

Finally, one battle in the women's drug use research is over the feminist perspective of the patriarchal system. Since the 1980's, feminist theorists have reinterpreted the women's drug problems in history and culture in order to give women new possibilities. The feminist research (Ettore, 1989 & 1992; Mark & Lesieur, 1992) employed a qualitative approach to explore and establish the meanings of women drug users' experiences based on the idea of gender inequality. Ettore's view (1992) is that, in the socialisation process, women addicts slip into the role of dependency. In her study (1992:20-21), she defines two meanings of dependency: "addiction" and being "a subordinate thing". Addiction for women is "socially unacceptable", since the habit of substance use turns the women into irresponsible housewives and incompetent mothers. The second type of dependency, i.e., being "a subordinate thing", is "highly valued" for a woman who depends on a husband or male supervisor, and seeks protection from men. The meanings of dependency for women drug users, according to Ettore (1992), are "structural" and

"processual". The former pertains to the patriarchal structure (i.e., the family, the church, and the academy) which suppresses women by means of power, dominance, hierarchy, and competition. The latter is the individual meaning of being a "dependent" and/or a "carer".

From the feminist perspective (Chodorow, 1974), women are socialised to acquire "feminine" traits, such as submissiveness, tenderness, compassion, sensitivity, intuitiveness, nurturance, supportiveness and unselfishness. Due to their biological nature, females are expected to play the reproductive role and assume heavy family responsibilities. Chodorow (1974), a feminist theorist, spoke of the oppression of women in the "family" by taking the roles of childbearers and childminders. The dilemma is that female mothering is serving an unconscious need for interconnection and intimacy (Chodorow, 1978). Connors (Daly, 1984:358) claims that women's sickness can be seen as their reaction against patriarchy, presenting in a socially acceptable, private, self-managed and self-destructive way rather than a public, aggressive and socially damaged manner. Women and alcoholism, as explained by Blume (1990) reveals one type of "patriarchal defiance syndrome", that women attempt to hide their true feelings and put themselves into a state of guilt and shame when drinking alcohol excessively. In the traditional Chinese thinking, the value of the family unit over the individual's needs is rational and moralistic. I question whether the assumption of gender inequality is generally true to the Chinese women drug users' experiences, especially when they are caught in a complex situation between traditional cultural values and modern thinking.

3.2.2 The Hong Kong Studies

Compared to the international research, there is a lack of qualitative studies of women drug users in Hong Kong. The statistics of the population and characteristics of drug abusers are available in the Central Registry of Drug Abuse reports. Since 1972, the Narcotics Division of the Hong Kong Government Secretariat has established a Central Registry of Drug Abuse (CRDA). The department of Narcotics Division co-ordinates statistics from different sources and produces a half-yearly report of the addict population. The problem is that the addict population and their drug abuse situations are under-reported and under-represented as a result of resistance from the drug-abusers and the drug-work professionals.

Holzner and Ding (1973) reported their findings from interviewing 14 young female ex-drug users in a compulsory treatment centre in Hong Kong. Taking a sociological perspective of women and addiction, they listed a number of factors associated with women entering the world of drugs: economic recession, family dysfunction, lack of job training, feelings of loneliness, an urge for pleasure and fun, association with addict peers, and the temptations of material comforts achieved by engaging in prostitution. However, the phenomenon of young women's drug use between the 1980s and the 1990s in Hong Kong contradicted the early evidence that economic recession contributes to addiction problems.

To understand the female clients' perceptions of the treatment programme and their post-treatment performance, I conducted a survey of 39 female clients in the W.T.C. in late 1987. The research evidence (Soo, 1988) shows that length of stay, positive-cognitive and behavioural coping, better life situations and favourable

self-image are key factors for the client's full recovery at the six-months' follow-up. I also noted the increase of young clients coming into the programme. For many young women drug users, drugs served as a means for seeking fun and pleasure, in association with high-risk behaviour such as suicide attempts or delinquency. Although this quantitative study addressed the specific context through which the female clients were going, it provided little knowledge of the social processes and the individual minds. I believe that social work intervention, which is concerned with individuals in their social words, is a way of improving the experiences of women drug users. The third theme of this research is to explore the female clients' transformative experience at significant times during and after the treatment process.

3.2.3 The Social Experience of Drug Use

As well as empirical findings, theoretical explanations are needed. In social science, sociological and psychological theories abound with ideas about the social experience and individual consciousness of drug use. These ideas reflect the theorists' interpretations of human experience and consciousness. The ideas of social change, discussed in Chapter 2, are built upon the interaction between structure and action. In Marx's terms, human action is determined by the social structure of capitalism. Mill (1843) believed, however, that "fixed laws" of human actions and passions are to be discovered by empiricism. Weber's idea (trans: 1947) of human actions is that they are instrumental and value-laden in a rational bureaucratic organisation.

How can we account for the social experience of a group of young drug users? One explanation that may be offered is that the individual conforms to the

values or standards of his/her reference group and commits a particular type of behaviour as a rebellion against the rules of society (Merton, 1968:288). This particular type of behaviour is viewed by society as being "deviant" from social norms. Merton's reference theory explains that the availability of drugs in a social group allows the person to adopt drug-using behaviour as an "institutionalised means" to ignore social values or norms. Sutherland elaborates the idea of "reference group" in his differential association theory. He states that "a person becomes delinquent because of an excess of definitions favourable to violation of law over definitions unfavourable to violation of law" (Sutherland and Cressey, 1978:81). Some drug-abusers displayed delinquent behaviour and used alcohol and drugs in adolescence. They acquired drug-using behaviour through social learning, through association with addicted peers as well as adopting the values and techniques of a drug-using career. According to the sociological perspective, "reference group" and "differential association" are social factors used to explain adolescent substance abuse. The weakness of this approach, however, is that it is assumed that group norms are more influential than an individual's independent thinking. Certainly, there are young people who resist peer pressure.

Goldman (1989) thinks of the social experience of drug use as a cognitive-behavioural process. He uses the theory of "outcome expectancy" to explain how people initiate substance use and why they continue to use it. A person learns about alcohol and drugs through the mass media at an early age. A particular type of belief about the effects of drug use may overrule the message in the mass media. For instance, a person going to a party can dance and chat with friends, and have a lot of fun. Outcome expectancy of drug use in a party situation may be associated with

high spirits. In another context, outcome expectancy of substance use is associated with internal cues such as killing time, mood alteration, and relief of withdrawal symptoms. When a person anticipates the effects of drug use in a positive way, the risk level of continued drug use is high. The expectancy theory offers a way for prevention and treatment by focusing on the person's positive outcome expectancy of drug use. Admittedly there is ambiguity about the notion of "positive outcome expectancy" which varies from one person's mindset to another.

Another suggestion has been made by Bandura (1977), that a person acquires his/her social behaviour by learning from the social environment. In social learning theory (Bandura, 1977), experience is symbolised through thought and language. A person makes a choice by considering the possible outcomes. He/she also learns from observation. Vicarious learning is the acquisition of complex social behaviour and cultural norms by modelling one's behaviour and thinking on others. The concept of self-efficacy (Bandura, 1977, McMurran, 1994:41-42) refers to a person's evaluation of his/her competence to complete a task by four sources of information, namely instruction, observation of others' performance, one's own past performance and emotional arousal. Abrams and Niaura (1987) apply social learning principles to explain drug addiction and alcoholism. They hold that cultural norms, parental modelling and peer influence are socialisation forces which affect drug-using behaviour. There are variations in initial patterns of substance abuse, explained by individual differences of self-esteem and social skills. According to this theory, it is more likely that people who have low self-esteem, lack social coping skills and experience positive reinforcement will continue to use drugs. Since 1978, social learning theory has been used in group counselling, role-modelling and problem-

solving training for rehabilitating women drug users in the W.T.C. The latter section will show how the W.T.C. has blended some Western theories with Chinese approaches to create a treatment philosophy.

3.2.4 The Conscious and Unconscious Experience of Drug Use

From the existentialist perspective, addictive experiences are varied, fluid and discontinuous. Peele (1985) suggests that addiction, as a change of consciousness, helps modify moods and sensations, partly due to "the pharmacological action or physical impact", and partly due to "their learned and symbolic significance". The effects of drug-taking on the person are either to relieve pain or provide pleasure, and in some cases, the two effects are achieved simultaneously. In a study of narcotic addicts, Zinberg et al. (1978:19) discovered that the altered state of consciousness is "characterised by increased emotional distance from external stimuli and internal responses, but it is a long way from euphoria". Often what the drug addicts dislike is "the ordinary, rational, self-aware state". Similarly, Peele and Brodsky (1975:61) suggest that the reason for the desire for heroin among drug addicts is that it provides relief from unpleasant sensations, representing "a distasteful consciousness... of life". Later, Zinberg (1984) drew a line between the addicts and the controlled users of heroin: the former group use drugs to escape from depression and the latter group play with drugs for fun. Certainly, there are people who can take a controlled dose of drugs and maintain a normal life. Drug experience is unique to each substance user, each has different levels of involvement at each point in time.

In the Western tradition, the Cartesian theory (a split of *res cogitans* and *res extensa*) exerts a strong influence on scientific and quasi-scientific theories. The

emphasis on "pharmacological action or physical impact" and "symbolic significance" of drug-taking implies a dualism between the body and the mind. A person who is hooked on drugs due to physical dependence, is said to be enslaved by his/her biology, and thus lets the body take control over the mind. Bergmark & Oscarsson (1988) explained that drug abuse is a conflict between the conscious "free-will" and the compulsive action. They further elaborate the consciousness of psychological dependence as a "division of the mind", "split-person model" or "multiple-agent model". Similarly, Orford (1985) argues that a person experiences a type of "cognitive conflict" in his/her excessive behaviour. The initiation into drugs is reinforced by "modest encouragement" and the lack of social or individual constraints. According to the cognitive model, the person is attached to his/her addictive behaviour, which is highly rewarded, enjoyed, valued and over-learned but, at the same time, he/she experiences the increased cost of drug use in terms of money, health, family relationships, and trouble with the police. Orford and Keddie (1986) point out the "cognitive conflict" experienced by the substance users, who are aware of the negative effects of drug use, but believe that the cost of weaning off is also very high. It seems that the issue of "cognitive conflict" becomes more complex when we pay attention to the woman's life patterns in family, society and culture. The fourth theme of this research is to explore the women's personal meanings of "cognitive conflict".

Ideas such as "a change of consciousness" and "cognitive conflicts" begin from a study of action and consciousness. The psychologists hold that drug misuse is a conflict between free-will and compulsive action. The idea of "free-will" was discussed in the existentialist approach in Chapter 2. Something more radical is

needed to elaborate "compulsive action". The behaviourist view is that drug-using behaviour is reinforced by reward and punishment. Skinner (1971) asserts that the environment determines a person's behaviour and refers to this as "operant conditioning". A person's behaviour results from a response (R) to a stimulus (S) which operates upon the external environment by conditioning. An operant stimulus (OS) leads to a conditioned response. A behaviour is increased by positive reinforcement, and is decreased by negative reinforcement. Positive reinforcement refers to experienced satisfaction from a behaviour whereas a negative reinforcement is a punishing consequence. Positive reinforcement of drug-using behaviour is to teach a drug user to reduce tension, to manage mood and to receive support from treatment agencies. A range of legal, medical, social and family problems can be perceived as negative reinforcements. The behaviourist theory emphasises change in the person's behaviour before a new way of thinking is developed. However, I assert that a human being is not merely a passive reactor to biological and sociocultural environmental stimuli.

Unlike the cognitive-behavioural approach, Freud emphasised the irrational aspect of human nature: that the unconscious, rather than the conscious, dominates the psychic region. By using metaphors, Freud postulated that the human psyche is divided into the *id*, the *ego* and the *superego*. The *id* is the storehouse of the unconscious, yet it is safeguarded or socialised by the *ego* and the *superego* so as to conform to social norms and rules. The repression of unconscious desires, for the sake of social conformity, becomes a source of anxiety and leads to neurotic symptoms. Freud asserts that human existence is imperfect. In his book *Civilization and Its Discontents*, Freud identified three sources of human suffering: the mortality

of the body, the "merciless forces" of the external world, and the failure of human relationships (Freud, 1930: 77). In the chapter on "Femininity", Freud (trans. 1966: 596) suggested that the girl who fails to resolve the Oedipus complex may become narcissistic, vain or fall victim* to a strong sense of shame. Freud developed his theory of *unconscious* mental processes which explained patterns of psychopathology. In Freudian terms, drug use for women is a complex behaviour which expresses their unconscious needs for care, attention and control.

Feminists (Betty Friedan, 1974, and Kate Millett, 1970) argued that Freud focused too much on biological determinism, which ignored the social construction of femininity. In her book *The Feminine Mystique*, Friedan (1974) criticises Freud for putting too much emphasis on sex, whereas she points out that women need the freedom to develop and grow as persons in a fair society. Simone de Beauvoir (trans. 1974), from her existential feminist perspective, challenges the concept of "otherness" as the source of woman's oppression. When a woman takes the roles of wife and mother and "becomes the second sex", the "Object" or the "Other" (Tong, 1989: 202), she is oppressed by marriage and family, which undermine her self-development. From the feminist's view, drug use symbolises the woman's defiance against the patriarchal system.

If we look at the array of social science theories on and research findings of women's drug use and consciousness, there are few agreed interpretations of what exactly the structures and meanings of these experiences are. Perhaps we have no

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* In Freudian Term, the narcissistic girl is in love with herself; the vain girl is concerned about her physical appearance; and the third type of girl feels her body is inferior.

trouble deciding what they are when we consider a specific group of women drug users, because some principles are more relevant and appropriate than others. As a social worker who works with Chinese women drug users, I believe that the cultural perspective is another important angle through which to describe and interpret their experiences. The fifth theme of this research is to explore the influence of Chinese culture on the life experiences of the Chinese women drug users' in Hong Kong.

3.3 The Life-World of the Chinese Women Drug Users in Hong Kong

The key position in hermeneutic phenomenology is that the essence of human being lies in the historical and sociocultural context through which values and language are communicated. Recognising the influence of history, culture and society on a person supplies much of the meaning of the *life-world* of the Chinese women drug users. From the hermeneutic perspective, the women are not only individuals but share in a "collective" life including language, cultural values and norms, economic development, social rules and certain developmental stages. This is compatible with Chinese culture, which is characterised by "collectivism" (Tseng & Wu, 1985; Tu, 1994). Previously, we have discussed the social and economic situation in which younger and lower-class women use drugs. In this section, other themes of this research are to be found by studying the cultural values and language of Chinese women drug users in Hong Kong.

3.3.1 Cultural Characteristics

In Chapter 2, it was mentioned that both the Confucian and Taoist perspectives focus on the idea of a "relational being", in which the person depends

on others for improvement and development. Confucian and Taoist thought still dominates Chinese culture and constitutes the core values of Chinese identity. Many scholars (Tseng & Wu, 1985; Tu, 1994) point out that the emphasis on "collectivism" in Chinese culture undermines individual needs and personal freedom. The most significant Chinese values are the sense of obligation and responsibility towards one's family, the hierarchical structure of social lives, the cultivation of morality and self-constraint, and a belief in fate.

In Hong Kong, the structures and boundaries of the family unit may not be the same as in traditional Chinese societies. However, cultural expectations of harmony and filial piety may account for many difficulties faced by the women drug users. In Chinese families, children learn to respect their parents and to observe the basic rules of obedience and self-restraint. It is widely recognised that having harmony in the family will bring luck and fortune to the family members. The Chinese believe that one should not let others know about problems, or "dirty linen", in the family. To do so will bring shame on the family. The emphasis placed upon self-help deters many ordinary Chinese people from seeking help.

In Confucian social philosophy, there is a hierarchy of social relations between the Emperor and his subordinates, and the senior and the junior. In the traditional Chinese thinking, power and status are assigned to the older generation and to the male figure. In everyday life, children are not allowed to answer back or challenge the parents or the elders in a family. A daughter is expected to take up a "carer" role in the family, and to submit herself to the male figures such as her father, husband and son. On the other hand, economic success in Hong Kong has brought

an increase in the opportunities for women to receive higher education and to join the labour force. As in some Western Capitalistic societies, the social atmosphere of Hong Kong tends to promote individual freedom and materialistic lifestyles. In this study, it is a key issue to understand how the Chinese women interviewees respond to the opposing values of tradition and modernity, and to what extent these two values affect their ways of being.

Chinese morality expresses itself in the cultivation of self-constraint and the avoidance of excessive emotions and behaviour. There is a common belief that excessive displays of emotion cause damage to the body and mind. In any event expressing extreme feelings is seen as a threat to the harmony of social relations. In the Chinese context, drinking and gambling are patterns of socially acceptable behaviour. People may deal with their negative feelings through indulgence in drinking and gambling. As can be seen, the bad habits of the parents have generated tensions and conflicts in the Chinese women drug users' families. In Western psychology, Zinberg (1984) sees drug use as a means for the person to seek pleasure and escape from depression. The research question is how this idea provides a link between the Chinese women's way of emotional expression and their drug use.

The belief in fate is at the core of consciousness of ordinary Chinese people. On the one hand, the influence of Confucian philosophy on the everyday experience of Chinese people is that the perception of *Heaven* is as being omnipotent and deterministic. In this context, fate is seen as unalterable so that people react in a manner of detachment and resignation. On the other hand, Taoists see "fate" as spontaneous, selective and helpful so that those who follow "Tao" learn to accept

"fate" and live with this. A theme in this research is to understand the participants' consciousness of "fate" in relation to their life expectations and behavioural copings.

3.3.2 Language

To understand the meaning of language in counselling Chinese women drug users, it is worth stressing that cultural distinctions are also found in the language structure and its interpretations. Freud (trans. 1973:269-270) commented that the Chinese language is "full of instances of indefiniteness". Unlike the English language, Chinese is regarded as a "thought language". There are no verb tenses and moods, no plural forms of nouns, no clear distinction between subject and object in a sentence. Moreover, there are many homonyms. Chinese is open to many interpretations. The receiver must rely heavily on the context to interpret the precise meaning and relation of the language. One also notes that the Chinese language lacks the pure abstract universals which facilitate rationality in the English language. The construction of universals, theories and concepts, in the Western culture, is logically inferred from empirical evidence by adopting inductive and deductive methods. Unlike Western culture, the Chinese philosophy tends to adopt generic universals. The notion of the *yin-yang* dynamism, for instance, is open to multiple interpretations when it is applied to different life circumstances or events.

This is a real difficulty for Hong Kong social workers who acquire social work knowledge and theories in the English language, but have to communicate in the Chinese language in their practice. For instance, what is significant in counselling and social work is to build up rapport, verbalise feelings and facilitate personal growth. Compared to English, the Chinese language seems to lack the

vocabulary for expressing different emotions. Moreover, clients have been found to be extremely resistant to open confrontation, which is central to the Western T.C. model. There are two reasons for this: one is that Chinese people find it difficult to separate the "person" from their behaviour, the other is that they express their emotions in a more subtle way.

In real life practice, Hong Kong social workers have been taught to study society and the individual through the frame of Western theories. Chinese clients may have different interpretations of, for example, women's roles, and outcome expectancy of drug use. There is a need to explore the difficulties encountered by the social workers in applying Western theories to help their clients. Another need is to study how Chinese women drug users construct their experiences through the symbols of language and thought.

3.4 The Treatment Philosophy of the Women's Treatment Centre

Influenced by the cultural characteristics, the W.T.C. has a unique approach to drug treatment. As will be seen, there is a strong tendency for the W.T.C. to adopt a moralistic and collectivist approach in providing a treatment experience for the women drug users. In Hong Kong, a social work approach is widely adopted for providing counselling and supportive services for out-patient methadone clients, and social rehabilitation and aftercare services for drug abusers. For this reason, the Western theories of sociology, psychology, psychotherapy and social work remain influential in the rehabilitation work for Chinese women drug users in Hong Kong. The blending of Chinese thinking and Western theories and methods gave rise to the treatment principles of the W.T.C. programme.

The first treatment philosophy of the W.T.C. is to treat and to rehabilitate drug abusers so that they can become *good citizens* in society (SARDA's Annual Report, 1993). This reveals the fundamental Chinese philosophy of the person's role in society. Chow (1987) suggests that Western philosophy places emphasis on individual rights and social justice, which have led to the development of a residual social service. The Chinese recognise the duties and responsibilities of an individual to the larger system such as family and society so that the idea of an individual self is undermined. To achieve its treatment goal, the W.T.C. provides a spectrum of services ranging from detoxification and social rehabilitation, to structured counselling, family therapy and casework service for those discharged from the treatment centre.

The history of developing treatment principles in the W.T.C. has been varied and complex, in response to the changing drug scene. In the 1960's, the Medical Model was dominant in the treatment of drug abusers in Hong Kong. In the late 1970's, the social workers who were aware of the limitations of the Medical Model began to adopt the "social work approach" to the rehabilitation of drug users. In the early 1980s, the W.T.C. adopted the Therapeutic Community Approach in the rehabilitation services for women drug users. The T.C. Approach, with its emphasis on individual responsibility and group support, accords with Chinese philosophy, which assumes a person's duty towards and responsibility for others as part of the social network.

The guiding principle of the W.T.C. is to develop the women's positive values, beliefs, skills and ways of coping, with the ultimate goals of personal growth

and full recovery. Maslow (1964), in his attack on the pessimistic view of the psychoanalysts, aims at constructing a model of a "self-actualising" being who is free from anxiety, guilt and fear. The positively healthy person, according to Maslow (1970), has many desirable moral characteristics such as a sense of fulfilment, contentment, inner peace, and intense "mystic" experience. It should be noted that here Maslow's healthy person shares the main characteristics of a "self-cultivated" person suggested by Confucians in the Chinese model. More importantly, the ideal for human nature, whether in the East or in the West, is autonomy and love for humankind.

In Confucianism, self-actualisation is not a mere process for completing certain tasks, pursuing excellence and mastering the environment, but an intuitive insight into the goodness of human nature and the authenticity of life. Moreover, it motivates an extension of love and care to one's family, community and the country. Taoists define creativity as the art of existence, which contains a wide range of autonomous, spontaneous, self-conscious, self-forgetful, aesthetic and mystic experiences. The reader will see in Chapter 4 that Chinese values are fundamental to female ex-drug abusers in the W.T.C. programme. They were educated to be "self-controlled", "responsible", "honest", "loving and caring" and to cultivate "inner strength". Traditional Chinese thinking presents a vision of "being", of moral strength and spiritual development, which is applied equally to men and women. The emphasis on Chinese moral values in the W.T.C. is to fill the gaps of the fields of psychology, sociology and social work.

The basic philosophy in the W.T.C. is to improve the residents' experience by creating a culture of trust, care and concern, active participation and a sense of responsibility. In Chinese thinking it is seen that men and women are involved in a dynamic process of change within the context of the organic relationships among humans and between humans and nature. It assumes that people are interdependent and able to learn from each other. The first emphasis is placed on staff's involvement, teamwork spirit and the maintenance of quality care. As representatives of core cultural values, all social workers and the treatment staff are expected to assume responsibility, provide leadership persistently, take care of and support the residents and teach them a new outlook and new ways of coping. Next the W.T.C. combines social learning theories with the T.C. approach in that it provides a setting in which the residents can model the staff's behaviour, acquire positive life attitudes, learn problem-solving skills and practise effective coping mechanisms. In the hierarchy of the work structure in the W.T.C., the senior residents are encouraged to set an example to the junior residents.

Another treatment principle is concerned with help for the women and their families. The family is seen as the centre of personal growth and human relationships in Chinese society. The Confucian perspective fits into the concept of family therapy, which regards "family" as an open system in constant exchange with the environment. The interaction between family and the environment can be explained by the processes of stability and adaptation. Stability in this sense means that the family tends to maintain its equilibrium by emphasising core values in the face of the changing world. Adaptation implies that there is a need to reorganise the family structure, dynamics and beliefs. The focus of family work in the W.T.C. not

only recognises the women drug users' family structure, roles, stages and power distribution, but also explores its dynamics, norms, values, communication patterns and current interlocking emotional problems.

Finally, a distinctive quality of the Women's Treatment Centre in Hong Kong is the adaptation of the Therapeutic Community model in its social work approaches. It places emphasis on the "community" as "therapist" for Chinese women drug users. As the reader will see in Chapter 4, the T.C. model in the W.T.C. is a combination of Eastern insight and Western methods. In line with traditional Chinese culture, the T.C. approach is interpreted as the foundation of growth by means of social learning, role-modelling, behavioural change and the teaching of life values and moral concepts. On the other hand, it has to meet the criteria of welfare policy in which outcome success has to be demonstrated. These criteria include the centre's performance measured by admission numbers, retention and bed-occupancy rates, and the client's performance accounted for by the number of drug-free, crime-free and legally employed graduates after a return to the community. The next chapter explains how the W.T.C. has adopted the T.C. approach to bring about successful treatment outcomes.

CHAPTER FOUR

THE THERAPEUTIC COMMUNITY

4.1 The Historical Development of the Therapeutic Community

Tom Main (1946) was the psychiatrist who first coined the term "Therapeutic Community" (T.C.) in describing his work at Northfield Mental Hospital in Birmingham, England. As Main (1975) suggested, a therapeutic community is "one of on-going enquiry about personal and group anxieties, and group anxieties [sic] and defences, and of endeavour to create adaptive, thought-out roles, relations, structure, and culture, which is geared to reality tasks, and relevant to the capacities and needs of individuals in the Community". The therapeutic community, which differed sharply from traditional custodial psychiatric treatment, was a new initiative to meet the individual needs of the mental patients.

Further developing the concept of T.C. in psychiatric treatment at the Henderson Hospital, Maxwell Jones, an exponent of T.C., emphasised the pooling of staff and patients as total resources for institutional care (Jones, 1968). The treatment milieu, suggested by Jones, is basically anti-hierarchical and is structured in such a way as to enhance free-communication, decision making, and flexibility of roles at all levels. Jones' model focuses upon social learning which is defined as a "two-way communication in a group, interaction motivated by some inner needs or stress, leading to overt or covert expression of feeling, and involving cognitive processes and change" (Hinshelwood & Manning, ed. 1979:7). This model assumes that a person in life encounters situations from which he/she can learn either through inter-personal interactions, crisis resolution or conflict analysis. The context of the

therapeutic community, with its proper delegation of power and authority, provides the individual with group interaction and living experience, thus fostering a change in the individual's attitudes and beliefs.

Independently of Jones' work, Chuck Dederich, an ex-alcoholic and Alcoholics Anonymous Alumni (A.A.) member, created a new kind of therapeutic community for helping drug addicts. Being unemployed in 1958, he invited the A.A. members to hold a small group meeting in his apartment. This meeting, Dederich described as "free-association" and "verbal attack", aimed to "let the air out of pompously inflated ego" (Kennard, 1983: 65). The "attack" group was found to be so successful that it attracted a number of long-term alcoholics and drug addicts. The first therapeutic community for treating drug addicts got its name of "Synanon" when a member mispronounced "Seminar" and "symposium" at the same time. When Synanon was not accepted by the local branch of A.A., it shifted its focus to the rehabilitation of drug addicts. On top of the "attack" group, Dederich also integrated a Freudian approach, with philosophical and religious writings in daily seminars and discussions. Dederich, like many of the A.A. members, had a background of psychoanalysis. Psychoanalytical concepts such as free association and defence mechanisms were widely adopted in the Therapeutic Community. To help drug addicts achieve psychological growth, Dederich declared that:

> We have here a climate consisting of a family structure similar in some areas to a primitive tribal structure, which ... also contains overtones of a Nineteenth-Century family of the type which produced inner-directed personalities....If it seems paradoxical that an authoritative environment tends to produce inner direction, it must remembered that the inner directed men of the nineteenth century

were products of an authoritative family structure (Kennard, 1983:65-66).

In 1963, the first Daytop Village[1] was established in America by a group of psychiatrists and probation officers to deal with drug problems. It was not until the employment of a graduate from Synanon that the Village became more structured. Five years later, Phoenix House[2], New York, modelled on the Synanon-type community, was started by members of Synanon. The offshoot of Synanon-type therapeutic communities (both Daytop Village and Phoenix House) spread through many European countries in the 1970's.

Ruton & Foreman (1992) referred to two types of T.C. in their discussion of social work practice in a T.C. context. One is the "American" model and the other is the "European" model. The American model, based upon the "Synanon" type, emphasises the directive and authoritarian role of the staff. Newcomers are viewed as "emotional babies" who need external control. Usually ex-addicts are employed as staff members in the American T.C.. The problem is that the staff tend to confront and humiliate clients harshly to bring about change. Ruton & Foreman (1992) pointed out that the European T.C. model emphasises individual care, and the use of professional staff is meant to provide encouragement and support. The staff members tend to take up the authoritative and facilitator roles. Whereas Daytop Village typifies the American T.C. model, the Stonehenge Therapeutic Community is an example of the European model.

4.2 Defining Therapeutic Community

Thus, it is clear that the term "therapeutic community" varies in different contexts and cultures. Kennard (1983) drew a distinction between the general and the specific one. The general describes any institution that attempts to change people in a productive and responsible way. The specific refers to a particular set of principles and methods which helps people deal with particular problems. Kennard (1983) then classified therapeutic communities into four types: the institutional which is also known as milieu therapy, the democratic-analytic type developed by Jones, the concept-based represented by the Synanon-type community, and the alternative asylum[1]. Another form of classification is by target group, namely, mental patients, drug abusers, prisoners, young offenders, children and youth. As the reader will see, the Women's Treatment Centre in Hong Kong is based upon a specific, "concept-based" approach for women drug users. Historically, there has been a strong tendency for the W.T.C. to adopt the American model of T.C.. The W.T.C. also features a "Chinese" model with an application of Chinese moral values and practices.

4.3 Philosophy of Concept-Based Therapeutic Communities

Kennard (1983) refers to "Synanon" as a "concept-based therapeutic community[3]", which means the adherence to the idea of a drug addict personality and an explicit treatment philosophy. Drug problems are explained as personality defects, namely being self-centred, impulsive, anxious and insecure. The emphasis on individual responsibility seems to ignore family and other social factors but Synanon demands individual change. The process of treatment is conducted by means of problem clarification and structured activities. Yablonsky (1989), a

researcher who has conducted an extensive study of the Synanon-type approach for drug abusers, outlines four elements: 1. the addicts should have some level of motivation upon entry into treatment; 2. the dominance of group therapy particularly of encounter groups; 3. the use of ex-addicts as co-therapists; 4. the existence of a hierarchical resident structure for vertical and horizontal mobility.

In the annual third World Conference of Therapeutic Communities[4] in April 1978, the members identified three different goals for the "concept house"*. The primary goal is to "foster personal growth" (W.F.T.C., 1978). Dr. George De Leon, the former Research Director of Phoenix House, New York City, elaborated this idea by stating that the problem of drug abuse is "not the drug, but the person" (De Leon, 1985: 825). One of the objectives of rehabilitation is to maintain a drug-free existence. The Concept house aims to change the person's old habit patterns and mobilise "a community of concerned people" to help the residents acquire responsible behaviour and drug-free identities.

The second idea is that the treatment efforts, which are based upon multi-dimensional influences and training, are often accompanied by "a highly-structured environment with defined boundaries, both moral and ethical" (W.F.T.C., 1978). The vehicle of socialisation is learning through involvement and participation. Work and domestic activities performed by the residents in the T.C. should be productive in order to enhance the individual's sense of self-esteem. Every resident is assigned work so that he/she learns to acquire a socially responsible role as well as to co-

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* In this study, the terms "concept-based therapeutic community", "concept house" and "concept community" are synonymous.

operate with people in the learning process. It is through a hierarchical work structure and different promotion stages that a resident grows, like a child in a healthy family. The family atmosphere allows an individual to experience different feelings and relationships, from hostility to trust, from competitiveness to co-operation, from receiving care to giving love. It is thought that such an intensive and structured programme can be most effective within a 24-hour residential setting.

More significantly, what differentiates the concept community from other treatment modalities is a unity of peers and staff as the primary therapy of the T.C., "emphasising personal responsibility for one's own life and for self-improvement" (W.F.T.C., 1978). In order to spread the social learning effects, all members of concept communities are supposed to be role models. The first step is to "act as if"[5]. Even if a person thinks he/she cannot act in a certain way, he/she must "act as if" he/she could. On the performance level, the resident has to believe that he/she is capable of achieving the goals, and on the emotional level, the resident is expected to behave like an adult, despite the fact that his/her past experience has conditioned him/her otherwise. The second step is to show "responsible concern": each individual is the gate-keeper of others. Role models are responsible for being aware of their own values, attitudes, moods and behaviour, for taking notice of those of others, and for confronting others' negative behaviour. The third step is to achieve the goal of recovery by means of mutual self-help. In a T.C. context, feedback and support are given through verbal reinforcement or encouragement in groups or ordinary conversation. The purpose of giving feedback is to recognise change in behaviour and attitudes.

De Leon (1990-91) asserts that there are psychological and social goals for the rehabilitation programme of the T.C.. The former is to alter the negative patterns of behaviour, thinking and feelings leading to the re-use of drugs; the latter is to foster a "responsible, drug-free lifestyle" (De Leon, 1990-91). The elements of psychological growth are: awareness (of self, the environment, and the other); insight (into the causes of negative behaviour and attitudes); self-esteem (sense of self-efficacy in work, interpersonal relationships and in communication), and maturity (acquiring age-appropriate behaviour such as delayed gratification, responsible behaviour, consistency in thinking and behaviour, effective emotional management, acceptance of criticism, and proper response to authority figures). The socialisation goal is the social learning of prosocial lifestyles through active participation and role-modelling.

4.4 The Therapeutic Community as Objective Reality

In Chapter 3, I argued that women's addiction is the interconnected dilemma between the person and her social and cultural context. Equally, we need to take note of the dialectic relation between the person and the therapeutic community in order to understand the process of change and transformation for women drug users. When I consider the therapeutic community as a practical reality, it has its objective and subjective side. The former is the context of the therapeutic community which provides the person with order and regularities, structuring and organising programmes and activities; the latter are the subjective experiences which concern the learning of new behaviour, the internalisation of drug-free values, and a change of identity. More will be said later about the subjective aspect of the therapeutic

community, but at this point, I shall give an account of the sociological perspectives which see the therapeutic community as objective reality.

From the sociological perspective, Rapaport (1960) analysed the culture themes of the therapeutic community along four dimensions: democratisation, permissiveness, communalism and reality confrontation. The implementation of these cultural themes involves proper delegation of power and authority, the practice of open communication, the empowerment of the staff and residents, the fostering of mutual care and concern, and the demands for honesty and authenticity. Although these cultural themes reflect certain important assumptions about the community, there are contradictory emphases among these themes in real life practice. For instance, democracy may sometimes be misunderstood as equality, which results in poor decisions and ineffective management. Therefore, too much permissiveness for drug users who are generally defensive may enforce self-indulgence and manipulation; reality confrontation, which puts the members and staff under scrutiny and criticism, would deflate the good image of the staff; and the practice of communalism is really difficult for drug users who are self-centred and dependent. Thus the "ideal" therapeutic community is undermined by limiting factors, in the setting, the staff and the patients.

In his interpretation of T.C. structure and process, De Leon (1990-91) classifies T.C. as a social organisation with the structure of staff and daily regime. Different levels of power, leadership, privilege and responsibility are stratified in the Work Structure. Each person has his/her job function in a hierarchy of Work Structure. The upward mobility is from bottom crew, middle crew, top crew

members, Department Heads to Co-ordinator. They are closely monitored and supervised by staff. De Leon (1990-91) justified the need for an "autocratic" style of management since the social organisation reflects the fundamental T.C. values of self-help, earned privileges, and responsible concern. Whereas the professional staff are responsible for the management of the T.C., as well as the conduct of groups and activities, the recovered staff serve as role-models by sharing their drug-free experiences. The daily regime is full of work, meetings, groups and activities, providing a highly-structured environment for people to participate in pro-social and drug-free life patterns.

When the word "community" is widely interpreted, a Therapeutic Community can be understood as an "institution", an "organisation", a "system" or an "environment". Institutions are abstract entities which are built up in the course of history to maintain culture, order and stability. Berger and Luckmann (1967) suggested that institutions are formed by "externalisation" and "objectivation". In many ways, institutions are contextualised and externalised so as to let people understand and learn, whereas externalised products of human activity are further objectified so as to turn the institutionalised world into an objective existence. As a result, the emergence of structure and roles serves to sustain social order and to typify the forms of action and activity. Chapter 2 mentioned Weber's concept of a "rational bureaucratic organisation" which emphasises a hierarchy of roles and impersonal relationships. Goffman (1961), in his study of the asylum, argues that the "total institution" subjugates the inmates to a totality of community life and a system of inflexible rules, and leads to the destruction of self and identity. Bureaucratic structures, when they are applied rigidly in human caring institutions,

may prescribe impersonal roles, deny conflicts among staff members, block communications, subdue feelings, and suppress personal growth.

To what extent can the concept community be recognised as a bureaucratic organisation? As mentioned previously, one distinctive feature of the concept house is to provide a highly structured environment to facilitate positive growth. The most conspicuous element is the isolation of the newly-admitted individual from society so that the resident finds himself/herself in a self-contained environment which satisfies his/her needs, and requires him/her to assume responsibility for himself/herself. The drug user who comes from an unstructured, uncontrolled lifestyle enters into a highly structured and disciplinary environment. There are a number of rules and norms governing general behaviour, such as the prohibition of daydreaming or other subtle forms of escape, the discouragement of negative talk about the programme, and the prohibition of pleasant recollections of life outside. In addition, the residents are encouraged to have positive and constructive conversations. It is not uncommon for the "concept house" to use work assignments, promotions and demotions, special privileges, contracts and confrontations as forms of control and as a disciplinary system. All these features suggest that the concept community contains certain features of the bureaucratic organisation which seem to be custodial and authoritarian.

Another perspective which is important for our understanding of the therapeutic community is the therapeutic community movement. In the 1950s, it was a resurgence of anti-bureaucracy and anti-institution that brought on the therapeutic community movement. Like all other social movements, the therapeutic community

movement is carried forward by wide ideological slogans and charismatic leadership. (Manning, 1989). It began with powerful leadership which helped organise and promote widespread social change. An example is the story of Charles Dederich and Synanon. The original goals of innovation, however, become displaced and disintegrated, when the changes are routinised and institutionalised. Indeed, there are two limits to the growth of the therapeutic community movement: charisma and organisation. Weber (1947) has suggested that the pure form of charismatic authority is based upon inspiration and personal relationship, while there is a constant need for the organisation to preserve its bureaucratic structures for administrative efficiency. In the history of the therapeutic community movement, the disorganisation of charisma reflects several problems: autocratic overtones when power is concentrated in a small group of leaders, the succession of charismatic and ex-addict leaders, and a tension between traditional professional (psychiatrists, psychologists and social workers) and ex-addict staff.

Two significant therapeutic community organisations were set up in the 1970s: Therapeutic Communities of America (TCA) and the World Federation of Therapeutic Communities (WFTC). The latter, which is mainly concerned with drug addiction, has successfully co-ordinated the World Conference of Therapeutic Communities annually. In the 1980s, its major role was to urge local governments to tackle drug problems on a worldwide basis. Since 1990, in view of the failure to curtail drug supplies, the discussions at the Conference have revolved around concepts and techniques for demand reduction and treatment issues, paying more attention to cultural differences. Although the Synanon approach has worldwide

influence, alternative models of treatment for drug abusers have been developed since the 1980s.

In his study of the social movement of "concept communities", De Leon (1985) points out a duality between institutional attributes and "curative" elements. At one point, the institutional framework, in its historical forms of bureaucratic structures, technology, management and professionals, serves to maintain culture, order and stability. However, these factors "could pollute its humanistic ecology and devitalise its community dynamic" (De Leon, 1985: 841-2). He suggests that "the essential curative elements" are more important than the institutional framework. These elements include- community, self-help, individual commitment, role modelling and social learning. In the therapeutic process, people (i.e. residents) can transmit these elements through values, attitude, and vision of the people (i.e. staff or senior residents) who themselves participate in the programme. As a result, "the T.C. can remain immune from the potentially dehumanising influences of technology, professionalisation, management and bureaucracy by utilising the advantages of these in the services of its purpose, the positive transformation of human lives" (De Leon, 1985: 841-2).

Theorists who believe in the forces of social systems are bound to explain the working of the T.C. in terms of cultural themes, organisational structures, social movement and institutional attributes. Theorists who hold that action arises from the person's consciousness prefer to understand how the person attaches meanings to his/her subjective experiences. Yet the process of change for women drug users is dynamic and interactive. I argue for a balanced view of the treatment structure, the

treatment practice and the person's subjective meaning of experience in order to understand the change process.

4.5 The Therapeutic Community as Subjective Reality

From the existentialists' perspective, the idea of "being-in-the-world" is a key to understanding the treatment practice in the therapeutic community. The problem of substance abuse, according to De Leon (1985), is the person. The purpose of rehabilitation is concerned with the maintenance of a drug-free existence. It must be borne in mind that De Leon's perspective is based upon the American experience. From the Chinese perspective, I see that a drug-abuse problem is an interaction between the person and the social context. The use of drugs reflects the person's ways of being and social response, and symptoms of emotional distress. I also suggest an alternative conception of treatment which involves the understanding of experience and consciousness, a search for relationship patterns between the person and his/her social context, and a reinterpretation of his/her existential meanings. Experience tells me that drug-abusers tend to retain their habits of drug addiction, because it has become part of their social life. The concept community, as a social context, deals with the person's subjective reality, breaks the old habit patterns, induces positive peer influence, develops a sense of community, and promotes a change of identity. De Leon's idea (1985) that treatment efforts are based upon multi-dimensional influences and training, accompanied by a highly-structured and twenty-four-hour residential setting, is useful. What differentiates the W.T.C. from other concept communities is a unity of the community structure and the transmission of Chinese moral values.

Elsewhere, Bergmark & Oscarsson (1988) suggested that the primary goal of the treatment practice, is not a training in socialisation but "discontinuous actions" to create identity change. In the dialectic between identity and community, the person produces his/her reality and chooses to take actions discontinuous with his/her past identity. The therapeutic effort is to tell the resident that he/she, like all addicts, is an irresponsible, immature, inconsiderate and dishonest person who refuses to face problems and escapes by taking drugs. In working with Chinese women drug users, we emphasise the sense of obligation and responsibility towards one's family and community. The group psychotherapy, whether in the form of encounters, probes, marathons or tutorials, is relevant to the Chinese collectivist culture. It helps the residents to experience awareness, gain insights and build up supportive relationships with peers and staff.

To reinforce the point, the concept of "internalisation" needs to be mentioned. Berger and Luckmann (1967) define internalisation as the immediate apprehension of the social world as a meaningful one, that the individual "takes the role of the other", "significant others", and "the generalised other", and there is mutual identification between the individual and others. The strength of the concept community lies in its learning context, which encourages peers and staff as role models. Hence we should, I suggest, be aware of the fact that the resident who takes roles, imitates behaviour and follows rules may not internalise as a member of the community.

De Leon's (1995) stage model of internalisation gains credence from his analysis of a progression from compliance, conformity, commitment and integration.

People begin with the "Compliance" stage when they follow the norms, expectations, and the teachings of the community in order to avoid disciplinary sanctions. When a member develops and maintains affiliation with the community in order to gain acceptance from staff and peers, he/she is at the "Conformity" stage. The "Commitment" stage is characterised by a person's willingness to complete and graduate from the programme as well as his/her conformity to norms, rules and peers. The completion of a programme symbolises the social value and psychological importance of T.C. learning. The internalisation process is achieved by the "Integration" stage in which a person is involved in a change of identity, a commitment to the values of prosocial living and recovery teaching, and significantly, an attachment to a wider social circle with family, peers and work. Specifically, we have found that the individual can leap from one stage to another without going through the "normal" process.

In their model of change for addictive behaviour, Prochaska & DiClemente (1983) propose a progression from precontemplation, contemplation, preparation, and action to maintenance. People who have no awareness of their addiction problem are categorised as "pre-contemplators". Contemplation is a stage at which the individuals want to change but are ambivalent about the decision. They may be responsive to consciousness raising and relaxation exercises. Preparation involves a ready-for-action change so that people are committed to self-therapy or other treatment programmes. A therapeutic technique of self-re-evaluation is required for people who have learnt lessons from crises and failures that can motivate them for change. Prochaska & DiClemente (1983) point out that it takes six months for users to modify their values, attitudes, conduct and behaviour. Although individuals at the

action stage accept control and coercion as part of community life, they believe that they are autonomous and responsible for their action. The final stage, which is known as maintenance is the most difficult one, partly because there are temptations and cues in the post-treatment environment that trigger off addictive behaviour, partly because it relies on the person's willingness to use the helping relationship. Usually it takes from 6 months to 5 years for people to extinguish addictive behaviour and achieve continuous abstinence. A high amount of self-esteem or confidence and a minimum level of temptation are the major variables affecting the termination process. From this angle, a drug programme needs to be seen from a wider perspective, ranging from harm reduction, outpatient methadone maintenance or detoxification, to residential treatment and rehabilitation. It is easier said than done if we have to assess and match people at different stages of change to different programmes.

Clinical reports suggest that self-selection of goals and commitment are the key factors correlated with better treatment outcome (Orford & Keddie, 1986) and high retention rates (Ojehagen & Berglund, 1986). Saunders and Allsop (1991b) conducted a clinical trial by testing two methods of intervention with randomised groups: one with motivation interviewing and relapse prevention programmes, and other with supportive counselling. Results show that the first group obtained better outcomes. Another way to approach the problem of relapse is the recognition of cues to drug taking. Drummond et al (1990) point out that internal cues (feelings of anxiety or boredom) and external cues (sight of drugs, injecting apparatus or drug-using peers) produce a strong urge for people to re-use drugs. Successful recovery at the maintenance stage is significantly associated with social factors such as family

support, job satisfaction, positive life events and effective life coping (Billings & Moos 1983). The empirical findings suggest a holistic approach in which one should look into social and psychological factors.

From the social psychologists' perspective, Price & Moos (1975) point out that an individual's behaviour is influenced by his/her perception of the social environment. The correlation between individual and social environmental variables is based on two assumptions. Firstly, two individuals may perceive an environment in different ways, owing to their different personalities. Secondly, even if they share the same perception of the environment, they may respond differently because they have different social experiences and ways of coping. Price & Moos' (1975) view is that the T.C., which has its social climate, either promotes or inhibits a person's growth and development. Their "Social Climate Approach" assumes that a person constructs his/her perception of the environment around the "personal" (i.e., personality) and the "consensual" (i.e., the result of group conformity) aspects. Chapter 5 will discuss how their measurement scale was used for empirical study.

This section shows the existential enquiries, psychological interpretations and empirical studies in the subjective understanding of the change process. It seems that the phase theories portray the changing behaviour as systematic, logical and reasonable. Theorists subject human behaviour, feelings and action to fixed laws which may not be applied to the empirical situations. In real life practice, people display behaviour which can be fitted into two to three stages simultaneously. The Chinese model, however, looks for a synthesis of the person's self-esteem, life coping, moral responsibility and social conformity. One of the key issues in this

study is to let the women voice their personal experiences and construct their meanings of change.

4.6 Outcome Studies in Therapeutic Communities

Two points in the interpretations of the findings of outcome studies need emphasis. First, there were different treatment goals in the T.C. settings, which contributed to different types of relationship between treatment variables and outcome success. The second point is that treatment outcomes are generally explained by drug-free, crime-free and legally-employed behaviour. Few research studies have taken into consideration the post-treatment environment. For example, research studies indicate that the T.C. approach, particularly in North America, was found to be effective in helping clients with a long drug history, high levels of drug-related problems and psychological problems (DeLeon, 1985; Kooymen, 1993). On the other hand, Gerstein and Harwood (1990) revealed that younger clients who were white and had completed more than one third of the programme had favourable outcomes in the American T.C..

There was a positive correlation between length of stay and post-treatment outcomes (Brook and Whitehead, 1980; De Leon and Schwartz, 1984), but the drop-out rate for the T.C. programmes was as high as 80 to 85%. Favourable outcomes were found amongst those who had remained longer in the T.C. programme (50% who had completed one-year or longer residence achieved total recovery 3 to 6 years after treatment) and they had a high level of satisfaction with treatment. De Leon (1984) reveals that, owing to a high drop-out rate, the effectiveness of T.C. as compared with other treatment modalities is rather limited.

Research studies disagree about the impact of client characteristics on retention rate. In follow-up studies of clients in Phoenix House, the reasons given for drop-out were staff problems, craving for drugs, fear of losing a job, fear of failure and possessing guilt feelings (De Leon, 1984b). Sansone (1980) found that the black, unmarried, and polydrug-users with a long drug history or criminal records dropped out from the centre at the initial stage. Evidenced by Greene and Ryser's study (1978), no difference was found between sex and age in retention rate but women addicts were resistant to treatment. Moise, Reed, and Connell (1981) pointed out that programmes with family therapy and ancillary services such as mother and child care could attract the female clients to stay longer. It seems that generalisations from the study of individual programmes are rather limited.

Other outcome studies confirm that a T.C. which offers a totally drug-free environment is effective in achieving the goals of socialisation and psychological improvement (De Leon, 1990-91). Findings from national surveys on traditional long-term T.C.s show that, among those who complete the T.C. programme, 30% achieve total abstinence (drug-free, crime-free and prosocial behaviour), whereas 40% have moderate treatment outcomes (Simpson and Sells, 1982). One large T.C. in New York (De Leon, 1984, 1986) reported a 75% abstinence and crime-free rate among graduates (those who completed the programme) in a 5-to-7-year follow-up.

In a study of the importance of family, partner and peers for the treatment outcome, Ravndal, Sociol & Vaglum (1994) conducted an intensive case study of 13 women who graduated from Phoenix House. The research raised some specific issues for T.C. programmes providing services for women drug users. First the drop-

out rate was as high as 59% (28) for the T.C. programme. Second, two groups were identified: the successful group was related to the use of amphetamines at the pre-treatment level whereas the unsuccessful group used opiates. Thirdly, those who rekindled a relationship with their mothers and were able to gain their support had a favourable outcome. Clearly, there is a difficulty in comparing the W.T.C. programme with the international research findings as its own admission policy, treatment goals and client characteristics are social and culturally specific.

4.7 The Treatment Practice in the Women's Treatment Centre

In the early 1960's the Society for the Aid and Rehabilitation of Drug Abusers (S.A.R.D.A.) introduced a voluntary treatment programme for male drug-abusers. Before then, drug-abusers were compelled by law to go through compulsory treatment programmes. The new voluntary treatment programme was successful. However, it was found that male clients easily relapsed into drug use under the influence of their drug-using wives or partners. In 1968 the W.T.C. was established to apply the experience gained in treating and rehabilitating male patients, and the initial planning was to identify any different or special needs of women patients. According to the annual report (1973-1974) of S.A.R.D.A., a total of 306 female addicts were admitted from 1968 to 1973; 21% were aged 25-39 and 46% were aged 40-54. These clients who were adult women, were mostly refugees from Mainland China. Often they started with opium but switched to heroin, since opium was less available. Generally this group of women addicts who suffered from a drug-using career, were highly motivated to seek treatment and rehabilitation.

They managed to maintain stable abstinence after discharge, mainly because they wanted to assume their roles of wife and mother.

At some point during the mid-1970s, there was a rapid increase in young female addicts, perhaps brought about by economic prosperity, family disruptions and youth problems. Unlike the adult clients, the young residents admitted into the Women's Treatment centre (W.T.C.) of S.A.R.D.A. were mostly polydrug users, experimenting with drugs for fun and pleasure. They were rebellious and impulsive, with strong resistance to the residential treatment and care programme. Our previous rehabilitation programme, which revolved around detoxification, convalescence and communal living, failed to help the young women addicts live an alternative lifestyle after discharge. This was evidenced by a drop in the abstinence rate from 38% in 1976 to 18.4% in 1980, among the closed cases receiving two-year aftercare service. The social workers felt that, if the W.T.C. were to survive, a restructuring of the rehabilitation programme was required. Adaptation of the concepts and methods of Transactional Analysis (TA) in group therapy began in 1978. Although many clients found the TA concepts stimulated their understanding of drug problems, they failed to transfer this new learning to their daily coping after discharge. In 1982, one of the staff of the W.T.C. was trained at the Phoenix House (a therapeutic community for drug abusers) in London for three months. Another member of the social work staff, who was a former Supervisor, attended the Transactional Analysis Therapy course for 6 weeks and visited a T.C. called "My Family" for a week in California. After the return of these two staff members, the W.T.C. adopted a therapeutic community model, incorporating some American and European ideas to reformulate the W.T.C. rehabilitation programme, so as to cope with the changing drug scene.

In the W.T.C., women drug users are treated in a drug-free milieu, which is deemed successful for detoxification and therapeutic change. The basic structure of the W.T.C. programme is its totality, with a pre-treatment advisory service, treatment, care and follow-up supervision on a continuum. Service is provided by three sectors: the Women's Social Service Centre (W.S.S.C.), the W.T.C. and the Female Hostel (See Appendix A). The W.S.S.C., the Female Hostel and a club house are under one roof in an ordinary building in an urban area of Hong Kong whereas the W.T.C. has been relocated to a housing estate in a suburban area in Kowloon side. The W.S.S.C. is responsible for drop-in, enquiries, intake, admission and aftercare services. The existing establishment of the W.S.S.C. consists of one supervisor, two social workers, and three supportive staff. The supervisor has to manage and co-ordinate the programmes of the W.S.S.C., the Rehabilitation unit of the W.T.C. and the Female Hostel. Each of the social workers handles an average of 60 cases for in-patient and follow-up counselling as well as family services. They also co-ordinate community volunteers coming from all walks of life to help with recreation, training, community service and the rehabilitees' social re-integration.

A great degree of flexibility is exercised in the admission procedure for female drug-abusers to the W.T.C. For first applications, it normally takes two to three days to complete the intake procedure. Young women, who have extremely low motivation but are coerced by their parents, can be admitted immediately. A short course of four weeks stay in the Detoxification Unit for withdrawal and convalescence is available to first-timers who are 18 years old or above, and is particularly designed to attract new admissions. As required by the Drug Addicts Treatment and Rehabilitation Ordinance (Cap. 326) of 1960, a voluntary patient

must, on admission, sign an undertaking to remain in the Centre for a period up to 180 days. For those under 18 years old, their parents or guardians sign an undertaking for them to complete a full-course programme which stipulates a year's stay in the treatment centre. Pre-admission group counselling is required for all applicants to strengthen their motivation for treatment and the rehabilitation programme. The group is usually conducted by peer counsellors* .

Applicants who are referred by courts/probation officers are required to go through the normal intake procedures, which include a blood test and physical examination. Their admission is subject to their willingness to join the treatment programme, their parents' consent (for those under 18), the recommendations of their probation officers and the court's final decision. In the case of those who are eligible for admission, three conditions are specified: a commitment to complete the treatment, a three-month stay at the hostel, and joint-supervision between Probation Officer and aftercare worker of the Women's Social Service Centre.

The W.T.C. provides in-patient and rehabilitation services for women drug abusers. It aims to help the rehabilitees to develop their potential and change their lifestyles so that they can contribute to society. The Centre has two units, namely a Detoxification Unit of nine beds and a Rehabilitation Unit of thirty beds. Initially the client undergoes methadone-treatment for four weeks in the Detoxification Unit. She stops taking methadone a few days before she is transferred to the Rehabilitation Unit. A person receives psycho-social treatment from 6 to 12 months in the

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* Peer counsellors are a different rank of recovered staff who are newly graduated from the programme and are employed on contract basis. In providing escort service and peer counselling, they serve as a bridge between social workers and the residents.

Rehabilitation Unit and then moves to a halfway house for another three months. Addict mothers and their young children (usually under five years old) are permitted to live together in the centre, and effective parenting skills are taught and practised. The staffing of the Rehabilitation Unit consists of two social workers, six residential staff (who are recovered addicts) and three peer counsellors. The duties of social workers are mainly to co-ordinate recreational activities and conduct therapeutic groups. The recovered staff are not only responsible for the daily management, security and recreation activities of the residents, but also required to take up co-therapist roles in counselling groups. Being ex-patients, they serve as role-models who help in the implementation of the Therapeutic Community Programmes.

The rehabilitation period of the W.T.C. is divided into four stages following a four-week detoxification and convalescence period (See Appendix B). Expectations of the residents' behaviour and their privileges are stipulated for each of the four stages. Promotion and discharge are based on positive attitudinal and behavioural changes and are approved at an evaluation meeting attended by the staff and the senior residents concerned. The first phase of Stage One is an awakening period of at least 3 weeks for the residents to participate in group programmes and learn programme policies and procedures. The second phase of Stage One is the assessment of individual needs in which the residents have to spend 4 weeks' to gain understanding of their old habit patterns which are linked to their drug-using values and behaviour. They are expected to choose ways to deal with their negative feelings and attitudes. The second stage is a period for socialisation, personal growth and psychological awareness. The minimum period for Stage Two is about 5 weeks to allow the residents to develop feelings of self-confidence, assume more

demanding responsibilities and be honest about feelings and deal with those that occur in everyday encounters with peers and staff members. Those who reach the end of Stage Two are permitted to leave or to stay to complete the other two stages. People who choose to leave are put in a "Thinking Stage" which lets them think about discharge problems and draft a discharge plan. This arrangement aims to test the residents' motivation and to minimise destructive behaviour. The third stage is an autonomous decision-making period of at least four weeks, in which the residents become leaders and role-models. By the fourth stage, the residents should display emotional stability, establish a stable and constructive relationship with others and submit a realistic goal and discharge plan. As residents progress to higher stages, they can enjoy higher status and privileges. The stage model can be understood as a passage of growth and development within which learning occurs at each stage and facilitates change at the next so that each change reflects increased maturity and personal autonomy.

Like other concept communities, the W.T.C. embraces a proliferation of structures, group psychotherapies and other educational activities which promote individual and community change. The residents are provided with a hierarchically organised structure for work duties and for learning to co-operate. The work is divided into three sections: Cleaning Section, Kitchen Section and Activity Section (See Appendix C). A Work Structure Committee consists of Co-ordinator, Assistant Co-ordinator and Section Heads. They are responsible for the daily management of the three sections. The new resident has no status and is placed at the bottom of the work structure. The structure offers the possibility of vertical and horizontal mobility so that residents learn to take different positions and to increase

responsibility for themselves and to the whole community. As in the outside world, each resident gets promotion on merit. Residents' irresponsible behaviour like laziness, procrastination and absent-mindedness are confronted both by the senior residents and staff. From the staff's perspective, confrontation is a useful tool and is seen as responsible care and concern. Senior residents, who are role models and take up greater responsibilities, are usually promoted to the top of the section. The underlying guidelines are that work should be productive and enhancing to the individual's sense of self-esteem and responsibility.

The rehabilitation centre aims to provide a supportive and disciplined environment for the residents to begin to develop self-confidence and drug-free lifestyles. The in-patient service consists of individual and group counselling. Various forms of hand work, educational and interest classes and recreation, which have a therapeutic value, are regarded as an integral part of the T.C. programme. The day begins with the morning meeting and continues with group programmes such as handicraft work, the Transactional Analysis classes and family groups. Ward meetings are conducted daily, providing a channel for the residents' expression of feelings and suggestions about ward management. Leadership training, Chinese and English classes and interest classes provide the residents' with practical training programmes. Recreation consists of morning exercises, weekly outings for picnics or swimming at the beaches, welcoming parties for new arrivals and various festive activities. More importantly, residents have to participate in encounter groups which last one to two hours for at least two to three evenings a week. The encounter group aims to confront individual anxieties and defences so as to offer helpful interpretations and work through unconscious feelings. It is through collecting

comments and criticisms that a resident can reflect on the meaning of her behaviour patterns.

"No heroin, no violence, no sex and no foul language" are the four principles of the Centre. All legitimate orders are to be obeyed. Residents are made aware that their drug problem is a way of being, a kind of social response and a symptom of psychological disorder. The rehabilitation process claims to be a difficult programme; at the same time, members are expected to adopt a "healthy" self-image by observing norms such as being open and honest, and being a responsible member, and acting "as if", when things seem difficult or impossible. Privileges will be taken away if the residents act against the rules.

The W.T.C. is like a family which helps inculcate life values and moral concepts. The "parents" in the family are largely represented by ex-addict staff and social work professionals who provide residents with care and control. The newcomers, who are regarded as "emotional babies', have to observe all legitimate orders. Their negative behaviour is challenged and confronted in the house meeting or the encounter group. Emphasis is placed on a unity of words and deeds so that both staff and residents are expected to be honest, straightforward, responsible and altruistic. The W.T.C. draws heavily on moral discussion and value clarifications in house meetings, and seminars, using, amongst other methods, monthly disciplinary themes and written assignments. It is believed that the residents who have frequent contacts with the staff can take them as a model of role and attitude, identify with their values and eventually hold a belief in a drug-free existence.

Since early 1986, the W.T.C. has been relocated from the city centre to a housing estate situated in a new town of the New Territories. Previously, there was resistance from and protest by the estate residents who did not accept the idea of a treatment centre in the district area. This led to the launch of "drug awareness" activities such as exhibitions, seminars, quiz and variety shows being organised by the staff of the W.T.C. between 1985 and 1991. The purpose of these activities was to raise people's awareness and to publicise the treatment programme. All along, the staff and residents of the W.T.C. have established good relationships with people in the nearby community. Many of them were impressed with the help from the women drug users in their fund-raising and drug-education activities. Moreover, the proximity of the W.T.C. and a housing estate in an urban environment enables the mobilisation of community resources such as food markets, nurseries, hospitals, social hygiene clinics and the fire service for supporting treatment and rehabilitation. This helps to prevent a sense of isolation from the community.

The W.T.C. also has a hostel, which is located in the city centre, for all residents discharged from the Rehabilitation Unit. The hostel, managed by three recovered staff, uses the "halfway back" approach, whereby unstable dischargees on the verge of relapse, or those simply with adjustment or accommodation problems, can be helped in this semi-protected environment. The programme of the halfway house, which normally extends from one to three months, is divided into three phases. The first phase is an adjustment period of at least one week for the resident to adjust herself to the hostel life (e.g. to learn to be self-disciplined, to participate in the group activities and to organise her own time adequately in the hostel). The second phase is a stabilisation period of at least three weeks for the resident to learn

to acquire a sense of responsibility towards herself and others, particularly in leading a drug-free life and to learn to spend money and time meaningfully. In this phase, the residents are allowed to work or study in the community in order to test their abilities. They may go out with their families or stay overnight at home if they manage to earn a privilege of one-day leave per week. Upon re-entry, the residents are expected to lead a normal and productive lifestyle, to learn how to cope with stress and frustration and to improve relationships with family and others.

The aftercare service is based on a voluntary relationship without statutory sanction. A prescribed two-year inpatient and aftercare service is given to each client who is admitted to the W.T.C.. The aftercare worker gives counselling and guidance to a client to support her re-acceptance by her parents or spouse and reintegration into the community following treatment. Once a week, a urine test session followed by a social gathering is organised by the Women's Chapter of the Alumni Association for all women dischargees in order to establish the fact that the dischargees are abstaining from drugs voluntarily. The Women's Chapter plays an important role to maintain a spiritual and emotional bond among dischargees and in promoting a wholesome fellowship for help and support. The Pre-vocational Volunteer Training Scheme provides good opportunities for some women dischargees to work as full-time volunteers in the rehabilitation centre and other S.A.R.D.A. offices and to cultivate good work habits and attitudes. Community volunteers are also recruited and trained to organise various educational and recreational activities for dischargees. Such arrangements enable the dischargees to socialise and make new friends and experience mutual acceptance with the

community, thus helping to instil a sense of public acceptance and to form a social network support.

4.8 The Community and Individual Change in the Women's Treatment Centre

A framework is constructed to analyse the community and individual change in the W.T.C.. One aim of the W.T.C. is to improve the experience of the Chinese women drug users, with its emphasis on control and discipline, and individual growth and community participation. The T.C. structure, which is adopted in the W.T.C., not only regulates the staff and residents' routine behaviour, but also defines norms and roles for the staff and residents. Simultaneously, the participants have their values, beliefs and language which help modify and refine the T.C. approach in order to suit the cultural context.

The analogy of *Yin Yang* is adopted to identify six criteria to analyse the individual and community change in the W.T.C.. One reason is that Chinese thinking focuses on a balance and connection of opposites although it recognises contradictions between people, things and situations. The basic assumption is that if we make sense of the nature of oppositions, we shall be able to reconcile the differences and facilitate the force of change and transformation. The nature of *Yin* and *Yang,* although they are opposites, has its interdependent, coexistent and unified aspects. The *Yin-Yang diagram* (see Diagram 4.1) shows that *Yin* and *Yang* are the opposite ends of a moving contour. They are inter-dependent; whereas *Yin*, the feminine and receptive forces potentialises *Yang*, the masculine and creative force, *Yang* also actualises *Yin*. We can find the opposites within *Yin-Yang*, as evidenced

by two little spots in the innermost centre of the big areas in the *Yin* and *Yang* diagram. Things are relative as every darkness contains some light; and every light some darkness. The Chinese perspective holds that every safe place has its potential danger whereas one can find a safe corner in a very dangerous situation. *Yin* and *Yang*, which can be seen as two, are dynamically one. Every unit or system is composed of *Yin* and *Yang* forces, depending on their distribution and proportions. The strength of *Yin* can be the weakness of *Yang* and vice-versa. Together these two forces can produce or destroy one another.

Diagram 4.1: Yin-Yang Diagram

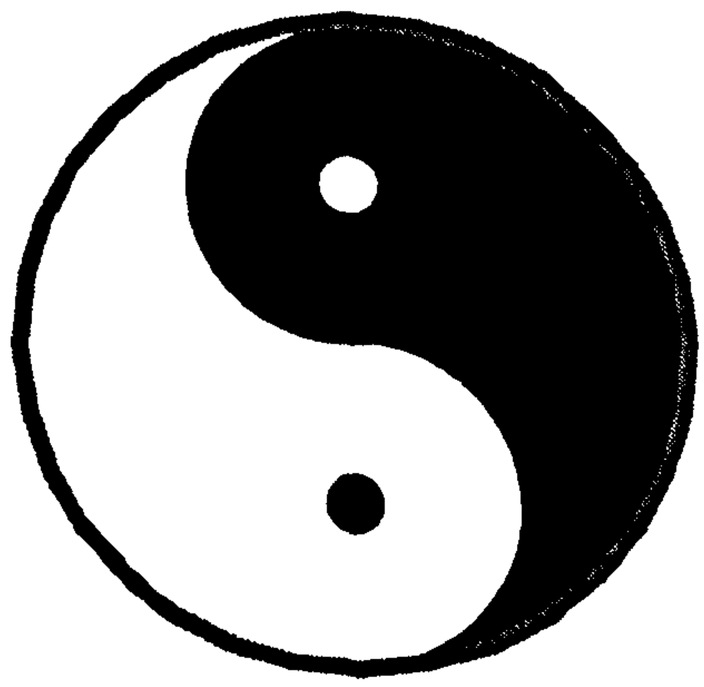


Table 4.1 shows a theoretical framework for analysing the process of change in the W.T.C.. Firstly, the T.C. model for social work practice in Hong Kong has its distinctive cultural orientation. In her adaptation of Rapoport's cultural themes, S.L. Wong (1983) analysed the W.T.C. culture as authoritative, non-permissive, minimum community living and non-confrontational. This suggests that the W.T.C. has its own culture which does not adhere fully to Rapoport's cultural themes, namely, democracy, permissiveness, communalism and reality confrontation. One reason is that the idea of the authoritative family structure in the concept-based

community is very clear, as quoted from Dederich's speech on the development of "inner direction". The management and control of the W.T.C. serve two purposes. One is to regulate the residents' disruptive behaviour, which may cause a nuisance to others. Another is to ensure that the W.T.C. is a drug-free environment for treatment and rehabilitation. There was a sense of concern for others in the communal living although some residents were self-centred and detached.

Table 4.1: A Theoretical Framework for Analysing the Process of Change in the W.T.C.

Criteria of Analysis	Yin	Yang
1.Therapeutic Community culture	Supportive & People-oriented	Directive & Authoritarian
2. Social Organisation	Community Concern	Order & Structure
3. Therapeutic Process	Internalisation	Socialisation
4. Treatment Approach	A Holistic and Forward-looking approach	Treatment half-way house aftercare
5. Treatment Language	Chinese moral concepts (i.e. generic universals)	Concepts and Ideas from psychotherapeutic theories
6. Staff's role	Care	Control

The second criterion is to look at the structural and caring aspects of the W.T.C. as a social organisation. A conspicuous result of the adoption of the T.C. model at the W.T.C. has been a change from a loosely regulated centre to a tightly run community. It offers a new social order in which both staff and residents are pressed to assume responsibility and to observe rules and regulations. The notions of structure and order are closely linked to the idea of *Li* in Confucianism that the inner order of Heaven dictates the pattern of relationship, as well as placing things and people in their proper positions. Just as the person is relational to all things, he or she is required to cultivate virtues and goodness, to keep pace with social order and to advance others' well being. For this reason, the T.C. model is compatible with

Chinese philosophy. In practice, the W.T.C. encourages a sense of concern and altruism on the part of staff and senior residents. However, it is difficult to bring together the emphasis on the values of self-reliance and altruism. While the concept-based community emphasises individual performance and achievement, there are other concepts which encourage mutual care and support. It is expected that each individual will participate in her own way at different periods of time.

Thirdly, the criterion of "therapeutic process" combines the process of socialisation and internalisation. In a community with multiple leadership, the residents take the recovered staff and the senior residents as a mirror and believe that they are capable of change. In addition, the demands of community life facilitate frequent contacts between residents and staff so the residents can turn to the social workers, recovered staff and the senior residents when emotionally distressed. In the socialisation process, the residents take up roles and duties at work or domestic activities, which facilitate their learning of problem-solving and communication skills. It can be seen that the therapeutic process helps a resident to identify with significant others, internalise her roles and attitudes and construct her self-identity. Thus it is in a continuous process between socialisation, identification and internalisation that the individual acquires a new way of seeing as well as different social responses. The clients are helped to transfer positive learning to better use the community resources, to be responsible for their families, to sustain a drug-free existence and to assume a capable role in their community. We should be aware of the fact that in the group setting, people may struggle for power and attention and that conflicts and distrust also result in the reality testing.

Fourthly, unlike the traditional "concept house" which centres on long-term residence, the W.T.C. adopts a forward-looking approach which takes the T.C. model as part of the rehabilitation course, but extends it to the half-way house and aftercare process. While the rehabilitation process focuses upon psychotherapy and communal living, the aftercare service deals with social systems. It is our experience that group psychotherapy is more suitable for the in-patient period, partly due to a consistency of membership within a confined environment, partly due to the dynamism of peer influence and community impact. As a matter of fact, the W.T.C. has combined Transactional Analysis and the Encounter approach in group therapies. Terms in T.A. which are simple, concrete and comprehensive can be taught to the residents to help them to analyse their family dynamics. The T.A. approach, which assumes the person's capacity to change, is able to help the residents become aware of their past decisions, make a new decision, and become a "winner" in their lives. Similarly, the encounter group is structured to help the residents express their emotions, explore the long-buried parts of themselves and reveal their true selves. After treatment, the clients are helped to connect to family, work, peers and society by a diversity of aftercare services. It aims to support them in developing a drug-free lifestyle.

The fifth criterion of analysis is treatment language. Based upon the development of the Synanon-type T.C., De Leon (1990-1991) suggests that the T.C. vernacular is a mixture of street idiom and language drawn from psychotherapeutic theories such as psychoanalysis, gestalt therapy and existential psychotherapy. It can be noted that the T.C. vernacular in the W.T.C. is a combination of cultural values and language drawn from Transactional Analysis, psychotherapy, developmental

psychology and problem solving. One of the puzzling aspects of cultural diversity is evident from the application of psychotherapeutic theories. It is difficult for Chinese clients to understand the concepts of id, ego, superego and Oedipus Complex, which are remote to their culture. Also, although confrontation or encounter is supposed to "peel away the phoney parts" of the self, Chinese women drug users take this as humiliation, partly because of the women's low self-esteem and partly because they cannot separate feelings from cognition. Chapter 3 discussed the different patterns of Chinese language for expressing feelings. In Chinese culture, we are used to concrete rationality based upon empirical observation, experiences and immediate apprehension of the generic universals such as heaven and earth, human basic sentiments and *Yin-Yang*.

Despite the importance of adopting a forward-looking approach, the W.T.C. contains a strong atmosphere of coercion and control. This is related to the Chinese heritage, which insists on the development of moral characters. A person who uses drugs is seen as escaping from his/her social and moral responsibility. His/her drug-using behaviour also affects the family. The W.T.C. aspires to an authoritarian regime so as to enforce ethical rules against dishonesty and irresponsibility. It requires the staff and residents to develop moral characters, aiming to reconnect the person with the community and to help the person attain a higher level of fulfilment. The primary role for the staff is to retain the residents, to take care of the resident's personal growth and development, and to restore "normalcy". As such, social control is a central concept in the W.T.C.. While the American T.C. model looks for a democratic ideal, the practice in the W.T.C. emphasises a moral ideal in which the person has to discipline the way she conducts her life and to take responsibility for

others. What safeguards the W.T.C. against becoming a religious cult is the reliance on multiple leadership and a fixed-period of aftercare service. By adopting an authoritarian approach and group pressure, the W.T.C. programme has a retention rate of 85% or more in each year, in sharp contrast with the T.C. programmes in America and Europe which normally have a high percentage of drop-outs.

De Leon (1995) suggests that a T.C. should recognise the values of "right living" gearing members towards self-help recovery and personal growth. The values include trust and honesty, the work ethic, personal accountability, self-reliance, responsible concern and community involvement. These T.C. values are compatible with the Chinese tradition. In both the emphasis is on the fostering of a sense of community and belonging, and the transformation of the person. However, there are subtle differences between the Chinese model and the American model. The major concerns of the American T.C. model are individual freedom, democracy and communalism. The principle of "moderation" *Chung Yung* in Confucianism implies that individual members remain interdependent and are morally responsible for each other. Confucius emphasises that the gentleman/gentlewoman (*Chun-tzu*), who is the role model, helps others attain spiritual goals, and even demands total obedience from his/her followers. Similarly, the staff member of the W.T.C. is not merely a therapist who provides empathy and guidance, but is a "role model" who enhances the resident's moral development. The rehabilitation process requires the surrender of a person's interest to the community life, although this looks to be authoritarian and non-permissive. It reflects the emphasis on moral development in the Chinese culture.

The study of the cultural values and the subjective experiences, together with the Western social science theories, complements the Chinese views of change and transformation. Chapters 2 and 3 discussed the way in which Western philosophy, sociology and psychology have formulated explanations concerning structure, action, thinking, feeling and behaviour. There are no parallel developments of these theories in Chinese traditions. Although Taoists see cognitive construction as illusory, this relative state of consciousness is only a reaction against the absolute knowledge. The Chinese culture, which emphasises a sense of "collectivism", favours the development of inner strength, virtue and a sense of responsibility towards others. The philosophy of the W.T.C. provides a yardstick against which a resident could measure her value, belief, thought, experience and behaviour. The claim of morality and spirituality in the Chinese model continues to be useful to our work with women drug users.

NOTES

[1]In 1963, Daytop Village was established as an experimental project for addicted prisoners on parole leave. With the assistance of David Deitch, a Synanon graduate, Daytop Village was able to attain remarkable success. In 1965, Daytop village adopted an open door policy which allowed voluntary admissions of both sexes. After a year, there was a power conflict between David Deitch and Daniel Casriel, the Medical Superintendent. This led to the departure of 35 staff and 200 ex-addicts from Daytop Village. After being restructured and expanded, Daytop Village became the most famous therapeutic community organisation in America. Now it takes a leading role in the World Federation of Therapeutic Communities, and a variety of other services, namely international training, therapeutic communities, outreaching and community education.

[2]The Phoenix House organisation is also one of the major therapeutic communities both in America and England. Originally it started in 1967 in New York City. Upon the invitation of Major John Lindsay, Efren Ramirez, a Puerto Rican psychiatrist who successfully started a treatment programme in Puerto Rico, was appointed as the head of the Addiction Services Agency and established the Phoenix programme. Thereupon, the Phoenix House organisation established numerous houses in America and England. Basically the treatment principle of Phoenix House is a combination of the existential approach of Efren Ramirez, the experiences of a Daytop graduate and a group of Synanon graduates, and the psychoanalytic orientation of Mitchell Rosenthal (the first Superintendent of the Phoenix House organisation).

[3]In a concept house, a drug problem is expressed in terms of simple psychological concepts rather than complex theories. It is assumed that every member is capable of change by understanding his/her problems. For instance, the 'onion' concept implies that the addicts adopt a defence mechanism as a form of outer image so as to avoid people and to escape from reality. On the second layer, their sub-culture is maintained by the 'Props' for image which pertain to the manner, dress and behaviour of the drug addict.

[4]The first International Conference of T.C. was organised in 1976, mostly addressing drug addiction problems. The World Federation of Therapeutic Communities was formed in 1980, aiming to influence governments to tackle drug-abuse problems at the policy level. In the 1990s, the WFTC focused on demand reduction and treatment issues.

[5]"Act as if" is an instruction to residents on how to behave properly in the community. Based on the assumption that the personality of a drug addict is impulsive and self-centred, it makes sense to encourage him/her to pretend until one day he/she can internalise the value. This also helps them learn how to cope with frustration.

CHAPTER FIVE

RESEARCH DESIGN

5.1 Introduction

This research is concerned with an evaluation of the W.T.C. programme by exploring the experiences of a group of Chinese women drug users before, during and after treatment. For a long time, the field of evaluation research has been dominated by quantitative approaches, which examine the effect, impact, outcome, efficiency and effort of the programme. In recent years, qualitative methodology has also been employed to understand the issues, concerns and experiences of the evaluators and the research participants. Importantly, this study is a combination of quantitative and qualitative research methods. The nature of change, I believe, involves multiple factors and concepts, whether we measure it in terms of numbers or judge it by means of values and ethics. We face a dilemma in applying such a multiple strategy, namely the integration of divergent traits, themes and concepts drawn from the data. Nevertheless, it is possible, though difficult, to look for outcomes in the quantitative data, and meanings and themes in the qualitative data.

The first part of this chapter introduces the conceptual framework used to research a group of clients in the W.T.C. during and after treatment. A discussion of the main debates between outcome and process evaluations, and the evaluation criteria for the qualitative and quantitative methods, enables me to select appropriate methods for conducting the empirical research. These are linked with discussions of the research design, questionnaire design and the process of data collection. An account of the methods of analysis follows. One characteristic of this research is the

integration of statistical analysis and narrative analysis as methods of outcome and process evaluations. The latter part of the chapter focuses on my dual role as supervisor and researcher and on morals and ethical questions. The chapter concludes with a discussion of the limits of the research.

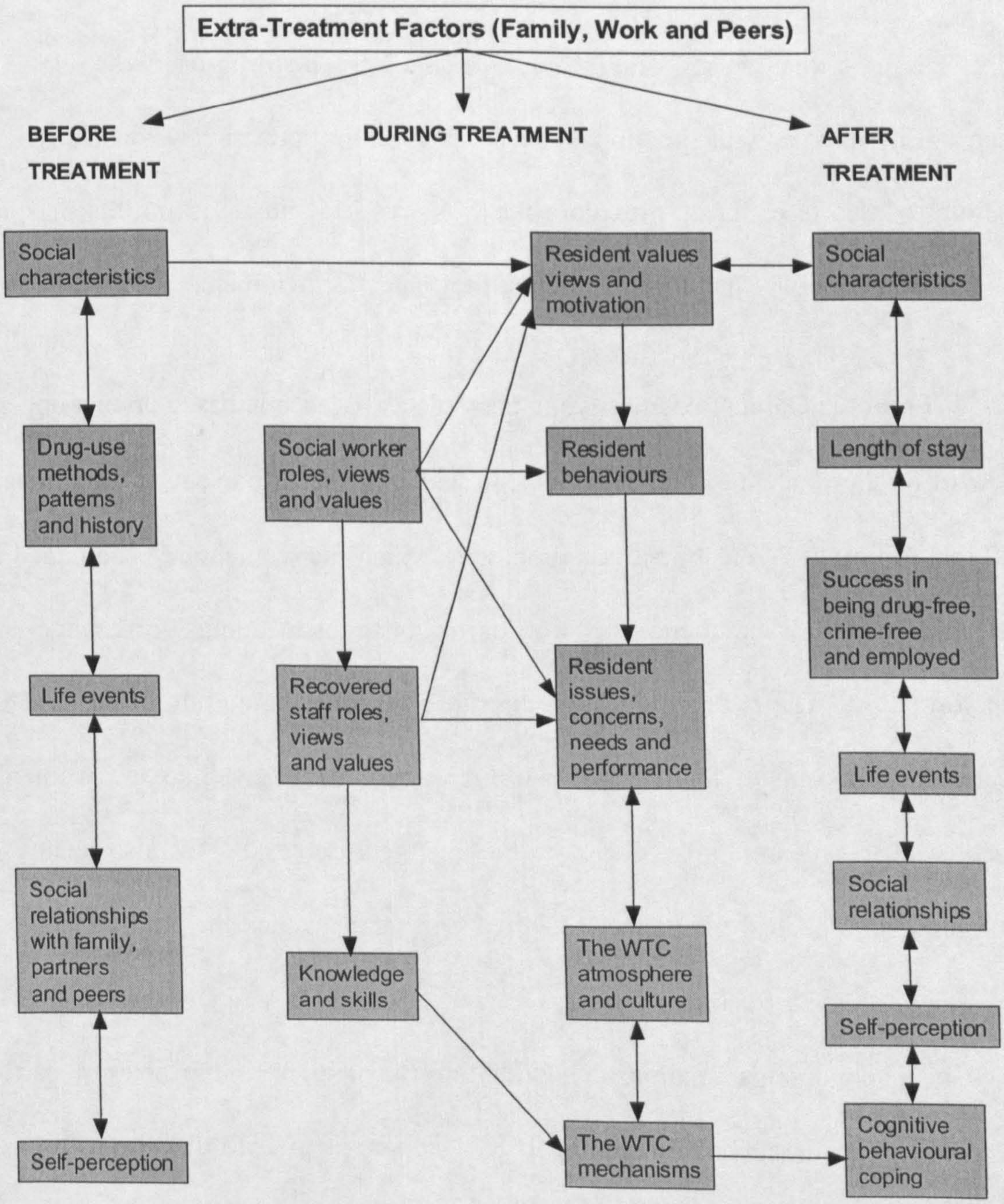
5.2 Conceptual Framework

Chapters 2 and 3 mentioned the use of a phenomenological-existential approach to understand the process of change for women drug users in the W.T.C. In the course of my research study, I became committed to a phenomenological perspective[1], which is compatible with Chinese thinking in several aspects. One is the "wholeness" of the experience. The phenomenological approach took me to the "things in themselves" (i.e., the meanings and essences of experiences). This echoed the Chinese ideas of *"Li"* and *"Tao"*. The phenomenologists hold that experience and behaviour are inseparable: subjective meaning and objective reality are interrelated. In many ways, this is similar to Chinese thinking. Both in Chinese and phenomenological terms, there is an *inter-subjective* world, in which the intentional consciousness is not private but is integrated into the lived experience of others. For example, I am part of my family's conscious world and they are also part of my lived experience. In the research process, the informant and I form the *inter-subjective* experience.

Figure 5.1 is a conceptual structure for understanding the process of change. Using the concepts of an *input — treatment — client outcome* paradigm (Finney & Moos, 1984), the W.T.C. is seen as a social context which has therapeutic effects on the women drug abusers. Extra-treatment factors such as family, work and peers

may influence the women before, during and after treatment. The literature shows that women drug users are likely to differ from other women in their experiences, social characteristics, family backgrounds and coping mechanisms. Central to this research is the examination of the client characteristics and whether their individual needs are addressed.

Figure 5.1: Conceptual Structure for Understanding the Process of Change



Hermeneutic phenomenology posits that we are "beings-in-the-world", subjugated to the influence of history, culture and society. Chapter 3 discussed the Chinese cultural characteristics and language, which influence the women's ways of being. In this research, it is important to understand the subtle cultural values and language found in the informants' beliefs, life goals and coping mechanisms. The women's drug use and other related problems could best be understood by examining their life stories. International research findings (Marsh & Miller, 1985; Hagan, 1988; Harrison, 1989) show that some women addicts were victims of physical and sexual abuse. The meanings of the women's drug use were related to their ability to cope with situational stresses and cultural pressures. For this reason, the aim of this research is to explore the women's life situations and the personal meaning that drug use had for them before they came for treatment.

From the Chinese perspective, a person's experience is based upon a holistic view of thinking, feelings and behaviour, in which his/her life events are significant and real to him/her. Treatment is a process in which the women are encouraged to reflect on their life experiences as well as to construct meanings for change and transformation. The research question considers whether the culture of the W.T.C. creates the atmosphere for change. Attention should be given to the women's accounts of their learning experience in the treatment process. This also relates to the roles of the social workers, the recovered staff members and the family members during and after the treatment process. Ravndal, Sociol, & Vaglum's study (1994) indicates that women's relationships with family, partners and peers can partly predict their post-treatment functioning. It is important to note that the nature of these relationships can be destructive or constructive.

One aim of this study is to assess the strengths and weaknesses of the adoption of T.C. in helping Chinese women drug users. Treatment effectiveness may arise from a dynamic interaction between residents and staff, in which both encounter different ideas, views, values and behavioural patterns that may bring about self-reflection and social learning. A major consideration is how values are transmitted and communicated between the women and the staff members. The women's perceptions of their transformative experiences may enable us to understand their decision-making processes and coping strategies. One concern for the social workers is how to transmit and communicate the language of psychotherapy to their Chinese clients.

The commonly accepted definitions of treatment success are that the client remains drug-free, crime-free and legally employed. Other outcome studies of T.C. programmes suggest that length of stay, positive learning and role-modelling are related to the residents' drug-free behaviour after discharge. De Leon (1995) points out that the acquisition of positive cognitive-behavioural coping and the internalisation of T.C. values are two prognostic factors for the client's successful treatment outcomes. This research seeks to identify, compare and contrast the patterns that emerged from the two groups (i.e., the relapsed and the drug-free women) in the follow-up study. In so doing, the international findings can be tested for their transferability to the W.T.C. situation.

5.3 Designing the Enquiry

Given the complexity of women's addiction problems, and considering the outcome of treatment and the process of change, I combined the outcome and

process evaluations, and the qualitative and quantitative research methods of data collection and analysis. However, integrating different methods in a single research is not without problems and criticisms. The key issues for combining these two methods are the debates between outcome and process evaluations, the definitions of validity and reliability, the priority of the research methods, the procedures of data collection and the methods of analysis. Instead of emphasising outcome-process and quantitative-qualitative conflicts, I would rather see them as complementary for generating theory and enhancing the "explanatory power of evaluation" (Mullen & Iverson, 1986:150).

5.3.1 Issues of Outcome and Process Evaluations

Traditionally, the quantitative approaches are adopted to assess and evaluate treatment outcomes. Most frequently, the treatment process is regarded as a "black box", since the treatment setting, which is full of uncertainties, complexities and multiple variables, cannot be controlled and tested. What the evaluators can do is to compare the pre-treatment and post-treatment behaviour in order to infer the impact of treatment or social interventions. Chen (1990) criticised the fact that most of the outcome studies using quantitative methods are "atheoretical", and lack the application of a prior theory. Chen and Rossi (1983) called this a "cook-book" approach, in which outputs of the programme are identified but the individual meanings and the transformation process are "hidden under the carpet".

One issue for evaluation research is the distinction between process and outcome. It seems to me that there is a strong tendency for outcome evaluation to adopt quantitative methods to control variables and confirm the effect of the

intervention. Guba (1987) argues that few quantitative indices are available for evaluating the ongoing process of the treatment. As such, process evaluations favour qualitative approaches to explore the issues, events and meanings of the treatment process. From Judd's (1987) perspective, the purpose of using qualitative methods is to understand the "process" (i.e., the mechanism inside the "black box") and seek explanations. The question is whether there are parallels between the outcome and process evaluation or the qualitative and quantitative methods.

Qualitative studies in evaluation research, according to Kidder and Fine (1987), are divided into Big "Q" and Small "q" studies. Big "Q" refers to theory development by means of hypothesis-generating inductive fieldwork, namely, the ethnographic and the phenomenological approach. Small "q" studies are characterised by the inclusion of open-ended questions in the survey. Interestingly, the Big "Q" method looks for questions while the Small "q" seeks answers. Mullen & Iverson (1986:158) argue that the predominance of the Small "q" studies has "greatly diminish(ed) the explanatory power of evaluation".

Increasingly, some research theorists (Reichardt & Cook, 1979; Judd, 1987; Mullen & Iverson, 1986) advocate the integration of outcome and process evaluations in a single research project. Reichardt and Cook (1979) recommend this integration for comprehensive evaluation since the qualitative research method is "discovery-oriented" whereas the quantitative method is "confirmatory". Judd (1987:24) supports the combination of two methods to achieve the objective of modifying treatments in efficient and effective ways. The problem of how the integration can be carried out and in what way it can be accomplished remains.

In drug research, outcome studies (Tyler & Frith, 1981; Marsh & Simpson, 1986) are adopted to follow-up and compare the behaviour of male and female heroin ex-drug users. Recently, feminist research (Ettore, 1989; Mark & Leiseur, 1992), which employs qualitative approaches, has explored the meaning of women's experiences in relation to drug misuse and gender bias. Vannicelli (1984) points out that studies of treatment outcomes, which rely on the development of practice wisdom, are able to generate knowledge, but they lack the advantages of an experimental design, which helps to control variables and to rank values in order.

Despite these limitations, I combined qualitative and quantitative methods to examine the treatment outcomes and discover the meanings of the change process. In the outcome evaluation, I used quantitative research methods which helped me to correlate and explain the women's events before and after treatment. In the field of drug addiction research, the stable and fixed indicators of treatment success are drug-free behaviour, crime-free behaviour and legal employment. Other significant factors related to drug-free behaviour are also identified by comparing the drug-free and relapsed groups. In this study, process evaluation will be used to enhance the outcome studies. The strength of adopting the qualitative methods in process evaluation is that it explicates the issues, meanings, events and situations of the women in their life circumstances. Process evaluation opens up the individual meanings and the subtle transformation process during and after treatment. The structures and meanings of the women's experience may arise as a result of the ordering of events, processes and people. I suggest that a comprehensive evaluation proceeds from fact-finding and theory-confirmation, and extends to the exploration and development of insights into the treatment and post-treatment phenomena.

Finally, I wish to justify the use of phenomenological qualitative methods for understanding the experience of the Chinese women drug users. We have already become familiar with phenomenological concepts since consciousness and experience were discussed in Chapter 3. I argue that phenomenology is not only a philosophy but also a method that guides data collection and analysis. The choice of phenomenological inquiry is based on the following three considerations. First, while the phenomenological approach presupposes the existence of multiple realities, it allows an integration of the Chinese and Western views of the life-worlds of the Chinese women drug users. Second, emphasis is placed on the reflection of the lived experiences between the researcher and the research participants. The reflection process sheds light on subtle variations in the process of change, multiple goals, and the interrelationship of meanings of life events on the individual level. Third, the phenomenological approach, as one form of Big "Q" study, provides a theoretical basis for probing problems, evaluating processes and developing new theories.

5.3.2 Issues of Verification

Verification of the findings and evaluation of the research methods are issues in both the quantitative and qualitative research. The history of social analysis is split into "positive" and "interpretive" traditions. The former assumes that social events can be studied and explained scientifically in terms of laws and rational logic. The latter seeks the significant meanings of the events for the people in the context (O'Brien, 1993:7). Quantitative research, which follows the "positive" tradition, emphasises the process of testing by using the "hypothetico-deductive" method. The purpose is to infer correlation and explanation from social events or social life

through numerical measurement and statistical analysis. The qualitative research, which follows the "interpretive" tradition, is based upon "induction" to discover truths from empirical observations.

Validity and reliability are the criteria for assessing the quantitative research methods. In a quantitative study, validity refers to the appropriateness of the design and the extent to which the research instruments measure what they have been designed to measure. It is concerned with the "adequate and sufficient" conditions that represent the population or the social situations. For example, the use of random sampling and a controlled experimental design raises the level of confidence in the research findings. Reliability is determined by the ability to replicate results; that is, the same results should be obtained when the instrument is re-used with the same or equivalent subjects under the same conditions.

Marshall and Rossman (1989) argue that the concept of replication is inappropriate for qualitative research because the human mind is changing and the social world is in a flux. In qualitative research, the researcher is the instrument (Erlandson et.al., 1993). Such research relies on the researcher's ability to build up a rapport with the respondents, make observations, probe meanings and develop theories to explain the phenomenon. In inductive reasoning, truth depends on the strength of evidence derived from observations, interviews or other methods. Leininger (1994) rejects the criteria of validity and reliability based upon quantitative approaches for evaluating qualitative methods. From Leininger's perspective, the criteria are not rules or standards but "evaluation". Evaluation refers to the assessment process by using "preformulated external standards" (i.e., experts'

decisions, consensus or agreed terms). In this way, six "evaluation criteria"[1] are developed for assessing the qualitative methods within the qualitative "paradigm". They are: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability.

Guba & Lincoln (1981, 1989) conceive of "truth" of the research study as "building trustworthiness" by the components of credibility, transferability, dependability and confirmability. The strategies to build up credibility include triangulation, prolonged engagement, persistent observation, peer review and adequate materials. Transferability may result from purposive sampling and "thick" descriptions. Dependability and confirmability mean that data consistency and reliability are confirmed by external judgement. However, Silverman (1993) seeks to achieve "reliability" by recording different sets of field notes, inter-rating of the coding of the answers, and by pre-test and training of interviewers. The variety of evaluation criteria indicates the different views of the qualitative "paradigm". It seems that credibility, confirmability and transferability are the basic criteria for evaluating qualitative research methods. My argument is that the strategies of repeated observation, sampling and inter-judge ratings are commonly applied to quantitative and qualitative research methods.

What should be the evaluation criteria for a mixed strategy of qualitative and quantitative research methods in one study? In my view, each method should be

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[1] 1. Credibility is equivalent to the "truth" value or "believability" of the results. 2. Confirmability is related to feedback, "periodic confirmed informant checks" (Leininger, 1990), or "audit traits" (Lincoln & Guba, 1985); 3. Meaning-in-the-context relies on the common understanding of the actions, symbols and events; 4. Recurrent patterning pertains to common patterns; 5. Saturation is "an exhaustive exploration of the phenomenon" (Leininger, 1994),; 6. Transferability of the findings.

evaluated by the established rule, standard and criteria within its context. For example, the criteria of validity and reliability are applied to the time-series design and a small survey in this study. The qualitative study of the experience of the women drug users is assessed by the evaluation criteria of credibility, confirmability and transferability. In both research methods, I should be sensitive to characteristics that render them scientific (King, Keohane & Verba, 1994). What makes both of these methods scientific is that they attempt to infer correlation, association and explanation from the observed data (King, Keohane & Verba, 1994). The combination of inductive and deductive methods should be accepted provided that they meet the criteria of openness to external judgement and refutation.

5.3.3 The Priority of the Research Methods

This study adopts a mixed research strategy for outcome and process evaluation. I believe that the qualitative and quantitative research methods can complement each other and generate different knowledge. As it is, effectively, a follow-up survey, conducted in order to describe programme outcomes, it is appropriate to use quantitative data collection and analysis to generate statistically significant information. The small survey is based upon a time-series and post-test design so as to measure a group of Chinese women drug users' behaviour and situation at two stages, one week after discharge and nine months after discharge. The quantitative approach provides a standard format to collect information about the respondents' attitudes and perceptions. Survey is used as part of a multi-method approach to outline the profile of client characteristics, treatment performance and post-treatment functioning. Importantly, the qualitative study allows me to explore

the women's perspectives, social processes and contexts of drug use, rehabilitation and social re-integration.

Recent research studies (Brown, 1989; Katschnig, 1986; Gorman, 1990) criticise the "respondent-based" approach of the check-list method because it provides a "pre-determined" score and fails to assess the significance of events for the individuals. This prompted me to conduct process evaluation by means of a qualitative study in addition to the quantitative survey. Process evaluation in the Big "Q" study was carried out by selecting 10 informants from the survey sample. The informants were interviewed four times at intervals of 3 to 6 months. The purpose of the interviews was to understand their problems, meanings, situations and events throughout the treatment and aftercare process. The method of Small "q" study was adopted in this research to capture the respondents' views of their life circumstances before, during and after treatment. This was accomplished by the inclusion of 12 open-ended questions in the Treatment Life Experiencing Form (see Appendix D) in the post-treatment questionnaire.

In this study, the combination of qualitative and quantitative method was based upon a form of "facilitation" (Hammersley, 1996). Qualitative study was adopted to facilitate outcome evaluation. I admit that I had favoured quantitative methods for research design and data collection. The idea of a follow-up study with a post-test design allowed me to control and test outcome factors. However, the more I participated in the intensive interviews, observations and document reviews, the more I appreciated the force of the qualitative research. The methods used not only captured events, concepts, themes and meanings of the experiences of the

women drug users, but also provided explanations for the programme effectiveness. I saw the connections between the quantitative and qualitative approaches as the former provided the profiles and patterns of the women drug users whereas the latter gave meanings, interpretations and explanations of the women's *life-world*.

5.4 The Process of Data Collection

5.4.1 The Quantitative Research Method

Table 5.1 summarises the quantitative and qualitative methods and the number of respondents in this study. I shall discuss the qualitative methods in the next section. For quantitative research, a small survey was undertaken so that each subject could express her views about her treatment and post-treatment experiences. The subjects were not randomly selected but were women who were transferred to the half-way house from the Rehabilitation Unit of the W.T.C. in an 18-month period. I did not collect data at the beginning of the women's treatment. The baseline data were drawn from the intake forms which provided sufficient information about the women's socio-demographic characteristics, drug use profile, history of treatment and source of referrals.

Table 5.1: Three Different Types of Research Methods and the Number of Respondents

Research Method	Quantitative Research Method		Qualitative Research Method	
Method of Data Collection	A Follow-up Small Survey		Standard Open-ended Questions (Treatment Experiencing Form)	Intensive Interviews, Document Reviews, Participant Observation
Response / Stage	Questionnaires, checklists & scales	No. of Respondents	No. of Respondents	No. of Respondents
Before treatment	Demographic details Drug use patterns History of treatment First stage of survey Checklist of life risk factors & risk prone behaviour Motivation Scale	78 clients Derived from Intake forms 78 clients	68 clients (Question No. 1-2 in Appendix D)	10 informants
During Treatment	First stage of survey Personal Growth Ratings Change Assessment Scale Position in Work Structure Discharge Status Length of stay COPES	78 clients 16 staff & 78 clients	68 clients (Question No. 3-6)	9 informants 4 social workers 6 recovered staff
After Treatment	Second stage of survey Demographic details Drug use patterns Drinking & Smoking patterns Mood & Health Rating Coping Behavioural Inventory Self-competency rating Life-events checklist Family Environment Scale	Follow-up Study 68 clients	68 clients (Question No. 7- 12)	9 informants 4 social workers 6 recovered staff

The first stage of data collection took place between July 1992 and December 1993. Of 80 women who were newly discharged from the Rehabilitation Unit of the W.T.C., 78 (97.5%) agreed to take part in this study and filled in the questionnaire. The research instruments consisted of a questionnaire, checklists and measurement scales. In Chapter 3, it was noted that women's addiction was related to socio-cultural factors, risk prone behaviour and family problems (Kane-Cavaiola & Rullo-Cooney, 1991; Harrison, 1989; Bepko, 1989). To compare the Hong Kong sample with this research, I adopted the checklists of Life Risk Factors and Risk-Prone Behaviour (Stenbacka, Allebeck & Romelsjo, 1992) to collect information about the women's significant life situations and risk factors before treatment. Each item has two response categories with 1 as "no" and 2 as "yes". The instrument included (1) a number of life risk factors, i.e., parents divorced, familial gambling habits, alcohol abuse and drug abuse; (2) the frequency of the risk-prone behaviour like running away from home, coming into contact with the police and living in a girls' home.

One factor which may affect the women's treatment outcome is the motivation for treatment. Studies (Reed, 1985; Beckman & Amaro, 1984) show that the motivation for women to seek treatment was low, relative to men. Murphy & Bentall (1992) designed a Motivation Scale to examine their study group's motivation to withdraw from heroin. In this study, the Motivation Scale (See Appendix E) was adapted to measure the research participants' motivation for seeking treatment in three dimensions: first was concerned with "private affairs" or private reasons such as worries about health and withdrawal symptoms and the hope of a good future and social relationships; second was emotional constraints, for

example, being coerced by family, police and having financial difficulties; and third was the negative effects of heroin use.

I also collected information about the women's experience of treatment at the first stage of survey. In Chapter 4, length of stay and mode of discharge (Brook & Whitehead, 1980; De Leon & Schwartz, 1984) were identified as factors in explaining drug-free behaviour. In the W.T.C., one important treatment goal is to provide leadership training for the women. This explains why the data of position in the work structure, discharge status and length of stay were included in the questionnaire. The stage model of how people changed their addictive behaviour (Prochaska & DiClemente, 1983) was discussed in Chapter 4. A 32-item long Form of Change Assessment Scale (Prochaska & Diclemente, 1983) became available and useful for this study. The Scale was meant to predict the women's drop-outs or success at various stages of pre-contemplation, contemplation, preparation, action or maintenance (See Appendix F).

The T.C. approach which has been adapted in the W.T.C. programme aims to promote personal growth and a drug-free lifestyle. To measure the extent to which the women benefited from the treatment programme, I chose a 32-item self-administered questionnaire of the Concept-Sugarman System (Sugarman, 1984). This instrument has been found to measure the most important dimensions of growth which are promoted in the T.C. setting. Each item provided a score from 1 to 5, in which "1" was taken as the poorest achievement, and "5" as the highest achievement.

In Chapter 4, Price and Moos's idea (1974) of the "Social Climate Approach" was discussed. They designed a 40-item Community-Oriented Programme Environment Scale (COPES) to measure the impact of T.C. environment on individual functioning. I used the Scale to collect the women's views of the strengths and weaknesses of the T.C. approach being adapted in the W.T.C.. The COPES (Moos, 1974) consists of three dimensions and ten subscales. The operational meanings of the treatment climate* are the extent to which the system induces order and change in the residents (i.e., system maintenance and system change dimensions), the management style and the atmosphere for relationship building (i.e., relationship dimensions), and the influence of the programme on the personal development (i.e., personal development dimensions) (See Appendix G).

A separate questionnaire, which included the environment measure of COPES, was designed for the W.T.C. staff. It aimed at comparing the staff's and the residents' perceptions of the W.T.C. environment. All 16 staff members returned the questionnaire by March 1993.

I conducted the follow-up survey from April 1993 to March 1995 so as to assess the women's drug-free or drug-using behaviour and life events nine months

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* First, the system maintenance and system change dimensions refer to order and organisation (i.e., the emphasis on order and regulations), programme clarity (i.e., whether the residents recognise the centre's expectations) and staff control (i.e. the staff's management style). Second, the relationship dimensions consisted of four subscales such as involvement (i.e., the constructive and enthusiastic efforts of the residents), support (i.e., the extent the residents are encouraged to help and support each other), spontaneity (i.e., the extent the programme encourages the expression of feelings), and autonomy (i.e., how the centre encourages independence and self sufficiency). Third, the personal development dimensions were represented by practical orientation (i.e. how the residents are prepared for discharge), personal problem orientation (i.e., the extent residents are encouraged to solve their own problems) and anger and aggression (i.e., the extent the residents are allowed to express anger and aggression.

after discharge. The second stage of data collection was conducted by means of office interviews, telephone interviews and home visits. I was concerned about attrition because it was known that some women who relapsed disappeared or lost contact with their social workers and families. The telephone interviewing method proved to be effective as the respondents who re-used drugs seemed less resistant to this than to a face-to-face meeting. They could also provide information about other non-contacted respondents, showing that a social network had formed among some of the relapsed women. A total of 68 women completed the post-treatment questionnaire, a response rate of 87.2%.

The second questionnaire was administered to collect information on a variety of areas including socio-demographic characteristics, drug-use patterns, smoking and drinking pattern, type and number of confidants and type of social activities during the follow-up period. The purpose was to identify two groups (i.e., relapsed and drug-free) for a comparison of their pre- and post-treatment differences. Chapter 4 highlighted social factors, such as family support, positive life events and effective life coping, which contributed successful recovery (Billings & Moos, 1983) Research showed that self-perception, commitment and goal-oriented behaviour were factors related to drug-free behaviour (Orford & Keddie, 1986). This shed light on the study and helped in the design of Checklists of mood state, life change events (See Appendix H) and perception of self-competence (See Appendix I) in order to compare the relapsed and drug-free groups.

In this study, the criteria for choosing the measurement scales is based upon their relevance to the women's social and cultural situations. What concerned the follow-up study was the women's ability to adopt new cognitive and behavioural coping to resist temptations of resuming drug use. The reason why I used the Coping Behavioural Inventory (Litman et al., 1983) was to measure the subjects' positive thinking, negative thinking, avoidance and support-seeking behaviour (See Appendix J). Presumably, there would be a significant difference between the relapsed and the drug-free groups in their cognitive-behavioural coping. In Chapter 3, it was shown that family is the important system which affects the research participants' responses to the treatment process. Thus, the Family Environment Scale (Moos, 1981) was used to elicit the women's perceptions of their family culture and support after discharge.

The administration of the English version of scales and measures raises problems of methodology and content. There is no better-tested questionnaire available for Cantonese-speaking communities, but it was necessary to make certain modifications to increase the levels of reliability and validity. Firstly, scales were selected which have been adopted by many researchers in different countries, and translated into German, Spanish and Italian versions. The studies confirmed that the psychometric characteristics of the subscales were transferable across different cultures. Secondly, the English version was translated into Chinese to suit the client group. A pilot study was conducted one month before the field study in order to test and modify the questionnaires. Thirdly, certain conceptual terms were clarified and elaborated in simple phrases so that the Cantonese-speaking clients could understand them.

5.4.2 The Qualitative Research Method

The qualitative study uses five different sources of data: open-ended questions at the end of the second questionnaire; individual interviews with 10 informants; individual interviews with 4 social workers and 6 recovered staff; reviews of documents such as diaries, case files and staff reports and participant observation (See Table 5.3). All interviews were conducted in Cantonese, tape-recorded and transcribed verbatim for analysis. I collected the data between July 1993 and March 1995. The procedures of all interviews were completed by July 1994 but the open-ended questions were available after the follow-up survey.

A Treatment Life Experiencing Form (See Appendix D) was inserted in the post-treatment questionnaire. As one form of a small "q" study for process evaluation, the results from the open-ended questions provided individual meanings for the group profile and the patterns of the quantitative data. The meanings of treatment, of being drug-free or relapsed, were constructed by combining the small "q" results and the Big "Q" findings. The themes addressed in the open-ended questions included the perceptions of self and others before treatment; the deepest impression of the W.T.C. programme; the learning from the programme; the roles of staff and residents; the factors relating to relapse and being drug-free; and the perceptions of self and others after treatment.

My concern in the qualitative research was to discover the heterogeneous patterns and complex problems of the Chinese women drug users. A purposive sampling enabled me to select informants who could contribute to my understanding of their life difficulties, cultural pressures, personality and relationship problems.

Table 5.2 shows the six dimensions by which I selected the informants. First was their age; three were aged under 20, four between 22 and 29 and three between 31 and 37. Second, a variety of drug use patterns including psychotropic drug use, use of cocaine, inhaling heroin and intravenous use of heroin was selected. The third dimension was their experience of compulsory treatment. The informants also came from a mixed group of single, cohabiting and married women. Of those cohabiting and married, four women reported that their partners also used drugs. Next to be considered was the level of family support that the informants had at the time of their admission to the treatment centre. The last criterion differentiated those who had been admitted by order of the Court from those who had come on a voluntary basis.

Table 5.2: Characteristics of Informants in the Qualitative Study

Informant	Age	Drug Use Patterns	Compulsory Treatment	Marital Status	Family Support	Court Referral
Elsa	33	Inhaling heroin	2 times	Addicted Partner	No	Yes
Susan	29	Intravenous use of heroin	3 times	Addicted Partner	Yes	No
Fanny	24	Intravenous use of heroin	1 time	Single	Yes	No
Helen	16	Use of cocaine	No	Single	Yes	No
Alice	37	Intravenous use of heroin	No	Addicted Spouse	No	No
Elaine	31	Inhaling heroin	2 times	Non-addicted Spouse	No	Yes
Rose	17	Psychotropic Drugs	No	Single	Yes	Yes
Lisa	19	Inhaling heroin	No	Non-addicted Partner	Yes	No
Jane	27	Intravenous use of heroin	1 time	Single	No	Yes
Diane	22	Intravenous use of heroin	No	Addicted Partner	No	No

Table 5.3 shows the timing of the intensive interviews with the 10 informants. The first interviews were conducted between July and November 1993 in the Women's Treatment Centre. In a pre-interview meeting of about 10 to 20 minutes, I informed them not only of the nature of the research but also of the equal position between the researcher and the informant. Dates and times for the in-depth interviews were agreed mutually, and I made it clear that the informants were free to withdraw at any time. I explained that I would remove all the names and other details that might disclose their identities. Then each participant was invited to sign a consent form. A total of 10 women agreed to participate in the initial research study but two of them said that they would not be interested in the follow-up interviews if they relapsed into drug use.

Table 5.3: Time Frame of Intensive Interviews for Nine Informants

Informant	1st Interview	2nd Interview	3rd Interview	4th Interview
1	11-7-1992	12-10-1992	2-2-1993	9-7-1993
2	18-7-1992	28-10-1992	28-1-1993	28-5-1993
3	29-7-1992	13-11-1992	2-2-1993	18-5-1993
4	16-7-1992	21-10-1992	21-1-1993	10-6-1993
5	8-10-1992			
6	15-8-1992	21-11-1992	3-3-1993	23-8-1993
7	27-8-1992	15-12-1992	28-4-1993	26-9-1993
8	23-9-1992	10-1-1993	18-5-1993	5-11-1993
9	23-9-1992	3-2-1993	18-7-1993	16-12-1993
10	24-11-1992	10-4-1993	3-9-1993	21-3-1994

A total of 37 intensive interviews were conducted between July 1992 and March 1994. The informants, who were at various stages of treatment and recovery, each participated in a total of four one-hour interviews over fourteen months at intervals of three to six months. The timing of the interviews was: the first between July and November 1992, the second between October 1992 and April 1993, the

third between January and September 1993 and the fourth between May 1993 and March 1994. One woman dropped out from the qualitative study after the first interview since she felt embarrassed about her relapse into taking drugs.

The individual interviews focused on three sets of questions. Firstly, questions were designed to elicit the women's memory of significant events. The second set of questions were intended to gain a sense of the women's thoughts, feelings, beliefs and concerns. Thirdly, questions were developed to explore the women's cognitive-behavioural learning; how they learned to solve problems, make decisions and take action.

My aim in the interview was to learn the significant meaning of the women's experience before, during and after treatment. In my daily social work interviews, it is common for my clients to tell their personal narratives. Narrative is important as it conveys the person's meanings and interpretations of the events, situations and circumstances. In the intensive interviews, I focused on how the informants recounted their stories, ordered the events and made sense of their experiences. I also listened to their tone, pitch and voices, and observed their pauses, gestures and facial expressions. In some cases, like Diane, the woman was calm and expressionless at the first interview. She retold her stories as if she were in the third person. I told her of my observation. She smiled, became relaxed and admitted that she always suppressed herself. In interviews, my emphasis was on reflective listening, engaging the women to disclose themselves and search for new meanings of their lives.

In early interviews, the informants told of their childhood, adolescent and drug-using experiences. I allowed the women to tell their stories, probing their meaning of the events. In some instances, the women recounted their experiences of physical and sexual abuse by family and friends. The stories revealed their definitions of the situations and their cultural values to me. In the middle interviews, informants were asked about their views of the T.C. programme and their self-evaluation of progress and development. Other women shared their feelings of anxiety and alienation about re-integration into society. I responded to the informants differently, giving advice to those who had started on a loose lifestyle, and encouraging those who were frustrated by work and family demands. Much of the follow-up interviews focused on the informants' relationship with family, social workers and peers, work experience, self-image, social contacts, and views of their relapse or success. I found that my dialogues with many informants became informal and interactive; we were free to exchange ideas, values and feelings.

The interviews with the staff were aimed at obtaining their views of their roles in the W.T.C. and the effectiveness of adopting the T.C. approach. I was aware of my powerful position when I interviewed the staff. I worried that they participated in the research study because they feared my power. I mentioned this to them at the beginning of the interviews. Their responses were positive as they had a high expectation of the research outcomes. Indeed, the social workers shared their issues and concerns about the W.T.C. programme. They also provided rich information about their style of counselling. The interviews with the recovered staff were a particularly fruitful experience. As they talked about their past experience, how they had come off drugs, and were helping others, I felt great respect for them.

Another qualitative research method I used was to review written texts like files, diaries and biographies. In the W.T.C., the social workers set assignments for their clients to write diaries and biographies. The purpose of diary-writing is to help the women reflect on their daily experience. Each client has three to five months in which to complete her biography. She can then share her analysis and interpretation in the T.A. class. During the reviewing process, I identified social and cultural tradition as factors contributing to the women's special issues and life circumstances. Reflecting on their biographies and diaries provided me with insights into the meanings of childhood and adolescent experience, drug use, life patterns and social relationships in their socio-cultural context.

During observation I was a "participant-observer". This seemed an appropriate method since it offered a partnership between the observer and the observed to develop an attitude of "exploring together" and sharing knowledge (Skolimowski, 1994). In his book on participant observation, Gold (1969:35) mentions the role of "participant-as-observer", in which the observer "develops relationships with informants through time and where he/she is apt to spend more time and energy participating than observing". This reminded me of the changing roles of the researcher on a continuum from being an insider to being an outsider. The idea of "participant-as-observer" described my position well. As the insider of the W.T.C., I was the active participant (i.e., Supervisor) who made decisions, co-ordinated services and supervised staff. In the research process, I learnt to take the role of "participant-as-observer" when I recorded and made note of the participants' performance and the treatment events. At the beginning, I admit that I often took the staff's point of view in observing the treatment process. That was my blind spot. As

I went home and reflected on what I had seen and experienced, I constructed a mental picture of the different views of the women, social workers, the recovered staff and the family on a particular incident. This drove me to a new way of thinking.

5.5 Methods of Data Analysis

5.5.1 A Triangulation of Methods

One dilemma in employing a mixed strategy in a single study is that the results may be contradictory to each other and can cause confusion and uncertainty. To minimise this effect, Robson (1993:290) suggests that multiple methods should be used to "address different but complementary questions within a study". In other words, the use of different methods serves different purposes at various stages. For instance, an exploratory study can be conducted by means of unstructured interviews at the initial stage. This can be followed by a sample survey to describe and explain the qualitative findings.

Despite the fact that multiple methods have disadvantages, I found that a mixed research strategy benefited this research by providing complementary information about the Chinese women drug users' experience. Triangulation of methods served to increase the validity of the research by drawing information from different sources (Denzin, 1970). This study adopted a methodological triangulation by using different strategies and sources, namely, follow-up study, open and closed questions, interviews, documents and participant-observation. First, statistical analyses were carried out to transform the quantitative data (i.e., the data from the small survey) into figures, tables, charts and correlation. The task was to establish

relationships and correlation between the treatment outcomes of a group of Chinese women drug users. Secondly, the techniques for analysing the qualitative data were narrative, interpretative and reflective. This required groundwork to lay out the stories, texts, statements and events, which disclosed the meanings, themes and values of the women's experiences. The analysis focused on a link between the study participants' consciousness and their socio-cultural context. Finally, the interpretation of quantitative analyses was incomplete without a narrative account. The argument for a certain type of treatment method for improving the women's experience was supported by quantitative evidence.

5.5.2 Quantitative Analysis

I used a software package, Statistical Package for Social Science, to perform a statistical analysis of the quantitative data, which measured equivalence or non-equivalence of the interviewees' perceptions, attitudes and behaviour before, during and after treatment. Table 5.4 maps out a list of variables for statistical analysis. Univariate, bivariate and multivariate analysis were adopted to determine the relationships between variables. Univariate analysis provided clear pictures of frequency, percentage and the normal distribution amongst the research participants. It aims to examine the variations and patterns in the women's responses to the closed questions.

Table 5.4: A Description of Variables

Pre-treatment	Treatment	Post-treatment
Age Education Marital status Employment condition Drug History Source of referral No. of Compulsory treatment No. of Methadone Treatment Scores of Life Risk Factors Scores of Risk Prone Behaviour	Length of stay Position in work structure Discharge status Scores of Change Assessment Scale Scores of Personal Growth Scale Scores of COPES	Drug use pattern Smoking & drinking pattern Marital Status Employment condition Scores of Mood State Scores of Life Events Rating of Self-competence Scores of Family Environment Scale Scores of Cognitive Behavioural Inventory

Bivariate analysis, in its form of cross-tabulations and reliability tests, gave a good account of the association and relationship between independent (i.e., age and source of referrals) and dependent variables (i.e., length of stay, discharge status and position in the work structure). A Chi-squared test was used to determine the relationship between the pre-treatment, treatment and post-treatment variables. A t-test was used to measure whether the groups (i.e., relapsed and drug-free groups) were different with respect to some nominal or interval dependent variables (i.e., ratings of self competence and cognitive-behavioural inventory).

Path analysis was conducted to examine the direct and indirect effects of the variables on each other. The Pearson Product-Moment Correlation (PEARSON CORR) was used to measure coefficient strength between pre-treatment and treatment, treatment and post treatment, and pre- and post-treatment variables. The objectives of the analysis were: firstly to examine the effects of pre-treatment social characteristics on treatment variables such as length of stay and mode of discharge

etc., secondly to measure the magnitude of association between treatment on post-treatment factors, thirdly to infer the effects of treatment by comparing the pre- and post-treatment social characteristics and drug use pattern. Variables such as source of referrals, drug history and motivation for treatment were expected to produce a spurious relationship. Therefore, they were controlled for the study of treatment and post-treatment effects on drug-free behaviour. Multiple Regression Analysis was conducted to estimate the simultaneous effects of several variables on drug-free behaviour. This technique helped enumerate prognostic factors which explained drug-free outcome. Multivariate analysis of the pre-treatment, treatment and post-treatment variables will be shown in Chapter 9.

5.5.3 Qualitative Analysis

My claims for adapting narrative concepts for data analysis are threefold. First, in social work practice, our clients always give their personal narratives which are fragmented, temporary and yet meaningful. The narrative analysis allows me to understand the women's perspectives and views of life. As an alternative to knowledge of rationality, which is "structural, ideal, stable and lawful", narrative approaches are interdisciplinary, emphasising "the temporal, occasional, local, sequential, and contingent" (Cheyne and Tarulli,1998:1-2). Bruner (1986:52) points out: "The one, science, is oriented outward to an external world; the other [narrative], inward toward a perspective and a point of view toward the world. They are in effect, two forms of an illusion of reality- very different forms."

Second, narrative approaches are both descriptive and interpretive. They are well suited to the phenomenological inquiry which aims to obtain subjective

accounts of the women's transformation processes. Ricoeur's (1981) view is that what strikes us in a written text or ordinary language is the levels of "sense" (e.g., facts and evidence) and "reference" (meanings and values). Implicit in the informants' narratives of events and people are their social and cultural values (i.e., one may term these horizons and themes in the phenomenological approach). In analysing each narrative of the Chinese women drug users' experience, the intention was to capture the facts, meanings, concepts and values both descriptively and hermeneutically.

Thirdly, the magic of narrative methods is to transform "knowing into telling" (White, 1989:1). The "narrative turn", which may not follow the mainstream of traditional scientific methods, allows me to design a method of describing, communicating and interpreting the women's minds and action. In this study, the data drawn from open-ended questions, intensive interviews and documents were intended to complement the phenomenological approach. Husserl's phenomenological methods (Grossmann, 1984) reminded me to be free from any hidden bias I might have had in relation to the research participants' narratives. I rearranged the accounts by the women and the staff in order to discover their views, values, and motivation in their life experiences. Chapter 3 mentioned that the Chinese language tends to be concrete and descriptive; the use of narrative analysis was intended to match the cultural perspective in order to reveal "the things as themselves".

Three levels of understanding which illuminate the idea of change and transformation were discussed in Chapter 2. In conducting narrative analysis, the

primary understanding prompted me to gather facts and evidence of the women's life events, the processes and stages of development. Strauss & Corbin (1990:96) define "phenomenon" as event or incident which "a set of actions or interactions are directed as managing, handling or to which the set of action is related". One may notice that I extended the study of "phenomenon" from "event" to "process" and "stage" of development, mainly because this involved the change process. Much discussion of the stage models (Prochaska & DiClemente, 1983; De Leon, 1985) can be found in Chapter 4. The secondary understanding guided me to search for meanings, themes and patterns in the women's life experiences. In Weber's terms (1922), a person's action reveals his/her subjective meaning, motive and value. On the tertiary level, reflecting on the written texts or tape-recorded conversations awakened my sensitivity to the culture, value and beliefs which shape our consciousness. Ray (1994:131) points out that "phenomenologic meaning is revealed by the examination of two processes of integral evidence- evidence of a person who is engaged in firsthand experience in the world, and experience that is deeply reflected on or brought into awareness by the experiencing person." As noted earlier, the notion of inter-subjectivity is inherent in the Chinese thinking. In this study, the research participants and I exchanged our views and feelings and shared experience throughout the informal and formal contacts.

The impact of culture and context on the women's life perspectives creates the conceptual framework of this study. The first scenario in the narrative analysis was the women's lives before treatment. The data were drawn from diaries, intensive interviews and open-ended questions. I distinguished the women's life experiences at three stages: childhood, adolescence and adulthood. There were also

distinctive processes of their drug use beginning from fun and pleasure, attachment with friends or partners, experimenting with drugs, developing dependence on drugs and engaging in a drug-using lifestyle. Women recalled significant events which changed their views of lives. I analysed their narratives historically and culturally. Contemporary research (Peluso & Peluso, 1988; Harrison, 1989) identifies "situational stress and cultural pressures" as the underlying problems of women drug users. Moreover, drug addiction is a way for the young lower-class women to cope with relationship problems (Lex, 1985). The emphasis within narrative analysis was on the themes of family social class, family values, social relationships and cultural and social pressures especially in the women's childhood. From the Chinese perspective, I focus on the stability and instability of value (Feldman, 1995:67) in the women's accounts. Cultural conflict, value dilemma and family dysfunction imply the instability of value, resulting from a clash between traditional and modern thinking. However, the stability of cultural and social values shows itself in the women's definitions of self, social roles and life meanings.

The second scenario was of the experience of treatment. There is little empirical research which analyses the subjective meaning for women in treatment and recovery. De Leon (1994) saw the internalisation of T.C. teaching as a static process of conformity, compliance, commitment and integration. I view the treatment process as a dynamic interaction of the women, staff, programmes and setting. I extracted facts and themes from the transcripts of the intensive interviews, diaries, and open-ended questions. Women interpreted and responded differently to the W.T.C. programme, as each had her own social experience and skill repertoire. I developed two types of data analysis. One was a single-case analysis. I selected one

informant and presented her thinking before, during and after treatment. Another type of analysis consisted of a mixture of single-case and cross-case analysis. First, at each stage of the treatment process, the women's narratives presented their views of self, people and programme, ways of coping and social relationships. Second, comparing each woman's narrative produced important insights into their patterns of social learning, cognitive and behavioural coping, conformity, commitment, and identity as they went through the rehabilitation process. Some informants identified their goal as maintaining abstinence and spoke of the value they placed on this. Others recalled their slow progress as they resisted confrontation and control.

The women's re-integration into society became the third scenario of the data analysis. My analysis of the qualitative data focused on the women's social context, ways of coping and lifestyles. The information came from two data sources: the intensive interviews, and the open-ended questions. Weber's concepts of "directive" and "explanatory" understanding (1922) were used for uncovering the women's own perspectives of lifestyles, in particular showing that their views of the social context and the meaning that drug use had for them. Here I also applied the technique of the stability and instability of meaning (Feldman, 1995:67) to understand the women's life situations. The phase of social re-integration reflected the women's struggle for and ambivalence about a drug-free lifestyle. However, the relapsed women attached themselves to the "habitat" patterns of a drug-using lifestyle. Underlying the description of each woman's success or failure was her motive, value and belief which justified her course of action.

The analysis process enabled me to establish connection, association and explanation of the change process. The first concern was with the comparison of the women's self-perception before and after treatment. Each comparison drew attention to how the women derived self-value from their success or failure in staying drug-free. Secondly, I analysed the women's accounts of their learning and benefits from the treatment process which helped them overcome difficulties during the social re-integration. The analysis provided information on which the W.T.C. programme might succeed or fail to address the issues and concerns of the women drug users. Thirdly, the intensive interviews allowed the women and the recovered staff to construct their personal meaning of change. Where interpretations are concerned, their definitions of a drug-free existence provide new knowledge about the concepts of "change and transformation" for treatment and rehabilitation. Chapter 9 will show the combination of the statistical and narrative analysis in describing and explaining the process of change. Path analysis helped me to enumerate significant factors which described the trend of change before and after treatment that the qualitative analysis did not emphasise. Narrative analysis helped me to elaborate the meanings of change for the women and to identify their issues and concerns of rehabilitation and social re-integration. Together the techniques provided a good basis for interpretations and explanations.

In the narrative inquiry, I encountered difficulties in bridging the gap between Chinese and English. There were advantages and disadvantages in operating in two languages. Chinese provided a good tool for me to interview and collect data for the qualitative study. The first reason was that my communication with the research participants was free and spontaneous because we share a common culture, values

and norms. Chinese, based upon its analytic nature, relies on the references and contexts for effective communication. Secondly, the research questions were constructed in a simple way so that the respondents' meanings and interpretations could be elicited. During the interviewing process, I had tried to probe for concrete words or statements, and re-phrase or summarise their meanings as much as possible. I admit that there were times when I continued the conversations, forgetting the importance of clarifying the meanings.

The challenge for me was to make sense of the messy data and translate these into simple and logical English. I felt overwhelmed by 10 biographies, 37 interviewing documents, 200 file reports, diaries and documents, and qualitative data from 68 open-ended questions. I adopted narrative methods for sorting and categorising the Chinese version of the data around life events, stories, meanings, themes and values. While attempting to translate them into English, I began to understand the real differences between these two languages. The characteristics of Chinese were revealed in the findings and data presentation. First, the women's narrative contained little indication of past, present and future. Second, the women's stories tended to describe concrete people, things, events and action. Their vocabularies for emotions were very limited. Third, the women expressed themselves in a fragmented manner. Implicit in the women's stories was their thinking of people, events and certain concepts such as life, fate and control.

Another difficulty in the translation process was the search for words which had similar meanings in two cultures. The women used certain Chinese terms or identities such as "*Ko Loi Yan*" (ex-addict) and "*Ku Wei Nui*" (cunning girl), which

revealed their emotional attachment to the sub-culture. These expressions have no exact equivalent in English and a literal translation would be misleading. In these cases, I wrote down the sound of the Chinese expression and made a special note of explanation. There were other awkward terms or phrases resulting from the translation that I had overlooked. Nevertheless, I discovered that the women's narratives captured the theme of their life experiences. The informants' definitions of a drug-free existence revealed their goals of treatment. The qualitative data uncovered their voices of distress, frustration, disillusionment and hope. The important theme was the Chinese women's cultural values, which defined their social roles and life meanings.

5.5.4 Data Presentation

In Chapters 6 to 9, the quantitative and qualitative data will be reported in four sections. The first section will be an account of a single young informant's experiences before, during and after treatment. This describes the events and circumstances that made her a victim of cultural and family oppression. It also highlights a continuity in the woman's thought processes in the treatment and post-treatment environment. Narrative analysis is adopted.

The second section reports the quantitative data, which show trends and patterns. The criterion is based on statistical analysis. The third section is a mixture of two sets of data. The quantitative data provide a group result in terms of trends and patterns whereas the qualitative data produce individual meaning and explain the situations. The quantitative analysis evaluates the treatment effect by extracting

prognostic factors. The qualitative analysis, however, forces us to look at the issues, concerns and needs of the women drug users.

The fourth section is a chorus of the voices of the informants, and their answers to the open-ended questions which reflect their thinking, feelings, issues, concerns, needs, goals and values. As the interviewees' narratives take shape and patterns begin to appear, they create a picture of their process of transformation.

5.6 Ethics and Politics in Research

My experience of conducting this research project raised ethical and political issues. As Supervisor of the Centre, I was aware of my powerful position in the W.T.C., which might put pressure on the women and staff to participate. From the instrumental point of view, my identity as an "insider" enabled me to set up and conduct the interviews. Lincoln & Guba's (1985) idea is that credibility is established by "prolonged engagement" and "persistent observation" with the research individuals and groups. I had been working with the staff and residents for more than 10 years. Therefore, they saw me as a familiar and supportive staff member, rather than a stranger and an inquisitor. Second, their response was enthusiastic as the women liked to talk about their life experiences and their views of the treatment programme. Their reasons varied: some talked from a sense of curiosity, others wanted to lodge complaints, and some felt special in talking to the Supervisor in the hierarchical setting of the T.C. structure. I found it worked well when I clarified my position as a "researcher" who maintained privacy and confidentiality. Third, the research process allowed me to reflect on my experiences as an administrator-researcher. I regarded the interview as a special situation in

which I interacted with the informants and staff in a familiar context, yet retained a critical outlook on the treatment programme.

There has been discussion of the difference in the ethical issues which arise in studies of powerless social groups as compared with studies of powerful social groups (Finch, 1993). One issue is that members of powerful social groups have privileges and adequate knowledge about their rights to privacy and protection. In some cases, the powerless group might be cheated or betrayed by the researcher. As a social worker, I understood the importance of human rights and social justice. I was working with a powerless group. As mentioned earlier, I informed the research participants and staff of their rights, asked their consent and respected any decision to withdraw. In the research process, I accepted suggestions, allowed differences of opinions, and discussed the research data with the informants and staff. From time to time, I kept the informants informed of the progress of the study. I was aware of my special responsibility to protect the research participants from disclosure of their identities in the research report. On sensitive issues such as sexual abuse, physical abuse and personal experience, I purposely rearranged names, places and certain demographic details so as to preserve anonymity and privacy.

Another issue was that, in my role as a Centre Supervisor, belonging to the powerful social group, I could influence the treatment process towards the desirable research results. I was worried that my interventions would affect the research process. Upon reflection, I realised that research work and social work shared the same values of accumulating knowledge and improving service. As will be seen, the clients were free to choose their lifestyles after discharge. Despite the training and

learning from the W.T.C. programme, some women relapsed into taking drugs owing to negative drug expectancy, sudden life change and relationship problems. My dual role as the supervisor and the administrator could influence the research process in certain ways. Nevertheless, there were many things beyond my control; i.e., human minds and treatment outcomes. Reflecting on the informants' descriptions and statements, I clustered them into meaningful units and sought themes and patterns in the descriptions.

In my experience, the major difference between conducting a quantitative study and a qualitative study lies in the position of the researcher's personal values. Quantitative research emphasises the importance of guarding against personal bias, which may contaminate the procedures and results. In qualitative research, the social researcher intrudes and asserts his/her personal values, and may show sympathy with certain groups (Becker, 1967). The ethical issue for the researcher is to be alert to the political implications of the research findings. I would claim that the quantitative data in this study provides a rigorous account of the women's performance before and after discharge. The assessment of the treatment and post-treatment performance was made after the respondents' discharge. Presumably, the treatment is a naturally occurring process, which was unaffected by my intervention as a researcher. The qualitative study was woven into my normal responsibilities of decision making, monitoring services and staff supervision. In my everyday encounters with staff and residents, we communicated and transmitted our values through dialogue, discussion and confrontation. The research process not only enabled me to re-examine my social work and Chinese values but also enhanced the research participants' understanding of their goals, values and expectations.

5.7 Limitations of the Study

Evaluation research raises issues about generalising from the results (Singleton, Straits & Straits, 1993). The problem is that evaluation research is tied to particular clients, time, setting, staff and measurements. One may argue that the sample of the Chinese women drug users fails to represent the target population, because of non-random sampling and other social characteristics at a specific time. In this study, the sample was limited to Chinese women drug users who had received treatment from the W.T.C. from July 1992 to the end of 1993. However, a comparison of the research sample with the women drug users reported by the Central Registry of Drug Abusers will be conducted in order to test whether the sample is representative of the larger population of the female drug abusers in Hong Kong. In the qualitative study, the generalisability lies in the women's narratives, which display many of the features common to situations of drug addiction, rehabilitation and recovery in general.

Secondly, there is a difficulty in generalising the W.T.C. conditions to other programmes. The research is not a comparative study of T.C.s or treatment settings. I argue that the W.T.C. is a unique programme, which has adapted the T.C. approach to the Hong Kong culture. The focus on certain "categorized variables" for comparing two social settings is imprecise and superficial. The human world is full of different and complex cultures, individuals, rules and norms. What is important in this study is to understand the women's experiences and the process of change in their socio-cultural context.

Two sets of instruments have been adapted for the qualitative and quantitative study. As noted earlier, the "instrument" in qualitative research is the researcher. The transcription of the qualitative data and its analysis was examined and rated by my social-work colleagues and two staff from other drug work agencies. In the quantitative study, the inclusion of the "open-ended" questions served to bridge the gap between the quantitative data and the information from the intensive interviews and documents. Statistically, the measurement scales were subjected to reliability test in order to examine their internal consistency. The relevancy of the measurement scales are also evaluated by the research participants.

The trouble with adopting a phenomenological approach in the Chinese context is the nature of Chinese thinking and language. It is clear that traditional Chinese philosophy emphasises a holistic view of body and mind, essence and matter, and being and becoming. One may argue that the adoption of the phenomenological approach will impose ideas such as consciousness, awareness, transcendence, essence and existence, which may be unfamiliar to the Chinese research participants. I discussed the difficulties of translating Chinese into English in the earlier section. The advantage of using a phenomenological approach is that it provides a vivid description of the women's experiences for further explanations and interpretations. The phenomenological study, which allows for differences in values, meanings, and cultures, may appear to be vague and non-specific. This reminds us that human minds are temporal, complex and mysterious. Indeed, there is no single answer to the complex problems of women's drug addiction.

The qualitative study lends itself best to assessing individual meanings, social interaction and the transformation process. However, there is a danger that the claims of truth are vague and arbitrary. Part of the research process was to let the research participants judge the research data and give their comments. Another part was to compare the research findings with previous studies in order to advance understanding. The argument is that this research examines the general and specific aspects of the Chinese women drug user's experiences. Although the women provide individual descriptions of their experiences, these are based on specific cultural and social processes, which produce the meanings, beliefs, values and patterns of their lives. Scientific knowledge is accumulated not only through observation and replication, but also through the critical assessment of cultural characteristics, social process and personal meanings in human experience. This research combines quantitative and qualitative studies in order to secure the link between personal and verifiable forms of truth.

Last, but not least, it may be said that the memory effect undermines the reliability of the research findings. It is assumed that people recollect past experiences which are socially desirable. Often personal bias and subjectivity developed by the research participants will distort the objective truth. To minimise the effect of selection, this study seeks individual experiences from a diversity of sources, namely, different types of informants; diaries, documents and files; institutional talks, and participatory observation. It should be noted that this piece of research is an assembly of different recollections brought together to give a holistic view of the *life-world* of women drug users in the treatment context. Although some may challenge a qualitative study as subjective and self-deceptive, I assert that it

reflects the participants' subjective experiences and their ways of thinking. By exploring the issues and concerns of a group of Chinese women drug users, new ideas about possible social work approaches and interventions may be found. These ideas may be applied to other similar service or target groups. More significantly, the descriptions of the women's experiences and the common themes may be useful to those who seek to answer broader questions about the nature of the process of change, and the relationship between consciousness and experience.

NOTES

[1]Three different traditions have adopted phenomenology in social science research: the Duquesne school, the Heideggerian approach and the Dutch school. The Duquesne school, represented by Giorgi (eds 1971), Fischer and Van Kaam emphasises Husserl's ideas and eidectic description. The Heideggerian approach represented by Diekelmann, Allen, and Tanner (1989) which follows the ideas of Heidegger, prefers interpretative methods. The Dutch school is characterised by a combination of the descriptive and interpretative methods (represented by Barritt et. al., 1983, 1984; Van Manen, 1990).

[2]The descriptive approach aims to examine different intentions, beliefs, thoughts and reactions of the person or the text. The methods include suspension of judgement (the phenomenological epoch), the awareness of beliefs or presuppositions, and the understanding of the essence through reflective consciousness. The interpretative or hermeneutic method explores how a person relates to the world, ranging from his/her moods, desires, meanings, to language. As a research method, Hermeneutics develop systematic interpretations of the lived experience.

[3]In this research, I chose the Dutch school, which combined the descriptive and interpretative methods, based upon the arguments in Chapter 3.

CHAPTER SIX

BEFORE TREATMENT

6.1 Introduction

The aim of this chapter is to report on the structure and meanings of the women's experiences before treatment. The results were analysed and reported in two distinct but inter-related dimensions: trend and theme. Firstly, the statistical analysis allowed me to examine the trends and patterns of pre-treatment characteristics among the research participants. Recently, there has been an upward trend in the numbers of young women drug users in Hong Kong. It is possible that different responses to treatment, which are apparent between the younger and older groups of clients, are influenced by the history of their social and drug-using experiences. Secondly, I extracted meanings and themes from the open-ended questions, intensive interviews and document review transcripts. The quotations represent the respondents' different views of their experiences in childhood, in adolescence and of drug use. The construction of meanings and themes from the qualitative data generated information, which linked up to trends and patterns in the quantitative data. This strategy enabled me to understand the cultural and social issues which are relevant for a group of young lower-class Chinese women drug users. The data are presented in three ways. The chapter begins with the narrative of a young informant, telling us of her perspectives and life situations. Her development before, during and after treatment will be reported in this and the next two chapters. The second part of this chapter, which is the longest one, discusses the trends and themes at the pre- and post-drug use periods. The final part reveals what

drug use meant for the women in their self-perceptions and awareness of the impact on their families.

6.2 The Presence of Diane's Drug Use Experience

The following selection presents the analysis of one informant's narrative, which shows a unity of events, themes, values and meanings through the process of her development. I have selected Diane's narrative as an illustration of many complex distinctions in a person's life and the interrelationships of various implicit meanings. The focus is both on the personal and social aspects of Diane's experiences. As an individual, Diane's monologue not only depicts the total course of her life before treatment but also the impact of events and people on her feelings and thoughts. In its social aspect, Diane's narrative shares many personal characteristics with other teenagers: life revolving around family, school, peers and work. Facing the breakdown of the family, Diane experienced inner turmoil and crises. She felt anxious, desperate, withdrawn and unable to seek help from anyone but resorted to the use of drugs.

6.2.1 Diane's Monologue

Diane was the eldest of three children. She grew up in a family full of violence and madness. As a child, she lived with many relatives and saw her father practising "San-Da" in front of them. In the Chinese tradition, a person performs "San Da" as a ceremony to invite possession by a spirit in order to gain supernatural powers. At the very beginning, Diane felt strange and confused when she saw her father chop himself with a cleaver in the ceremony. Later she got used to this but felt lonely when the relatives moved out from their house. As Diane went on to describe,

"Although my father was hot-tempered, he took good care of the family. Every week, I saw my parents practising Kung-fu together. They chopped themselves in front of the altar of spirits. At first, I did not know what they were doing. But after seeing it again and again, I knew that they were asking the spirits to possess them. Later, my relatives moved out one by one. The house was very quiet." ***Excerpt 1***

For Diane there was a significant event in childhood during which she became a young carer in the family. Diane 's mother was a housewife. When Diane was nine years old, her mother developed an interest in playing mah-jong and neglected the household duties. As a result, Diane carried out all the responsibilities including domestic duties, household management and caring for her two younger brothers in the home. Diane reported that her parents' marital relationship became hostile and violent.

"My parents always quarrelled and fought with each other because Dad liked drinking and Mum liked playing mahjong. Every time when Dad beat Mum, I held him back so as to stop him from hurting Mum. I even tore his buttons during the struggle." ***Excerpt 2***

In Diane's recollection, the family violence was interwoven with sinister stories such as the possession of her mother by a devil. She had written at length about the incident of her mother being possessed by a ghost after coming back from an ancestor-tomb worshipping visit. As the sun was so hot, her mother had sat on another tomb for a while. At home, Diane realised that her mother's voice had changed to a man's voice. When her father came home from work, he talked to the ghost, who wanted to drink wine and agreed to leave his wife's body.

"I cannot forget this experience not because the ghost wanted to drink wine but because he asked Dad to pour wine into Mum's eyes. A normal person could not bear the pain of wine, I was scared and cried with my little brothers." ***Excerpt 3***

They lived with the ghost for three days and the ghost made her mum shake the window frame and almost jump out. Eventually, her Dad threatened the ghost that he could marry another woman if he lost his wife, but he could kill the ghost by supernatural power. The ghost surrendered and left her mum's body. In the narratives, it is difficult to discern the truth. Did Diane have a delusion? Or did the parents behave bizarrely? It is certain that Diane inherited her parents' superstitious thinking.

Being a carer to the family, Diane was too young to face the adult world. She found it stressful to help her parents, especially when her mother was beaten up. One day, Diane saw bruises and scars on her mother's body. She advised her not to provoke the father anymore. A few days later, her mum left home and did not return. After losing his wife, Diane's father drank heavily and turned to Diane for sexual comfort:

> *"One night when I slept beside Dad, he suddenly fondled me. I felt bad but pretended to sleep because I did not want to embarrass him. I thought that Dad was upset after he had lost Mum. That's why he behaved like this. From then on, he asked me to sleep with him. If I did not sleep with him, he said that I was not treating him as a father."* ***Excerpt 4***

Diane claimed that she did not have sex with her father. He took her as a replacement for the mother. She felt "bad" about her father's molesting but forgave him out of sympathy and respect. In a single-parent family, Diane slipped into the role of her mother. Her father treated her well while he was awake. However, seldom did her father stay away from alcohol. Whenever he was drunk, he would cry and beg Diane to find her mum, whom he had saved from the ghost. Actually, Diane's mother kept in touch with her children but kept it secret from her husband.

The caring responsibility deprived Diane of study and the social activities that a normal child enjoys. In lower secondary, Diane quitted schooling and worked as a waitress in a restaurant. She paid the rent and bought the daily necessities. Her brothers always asked her for money. She would beat them seriously if they did not behave well. Her father stopped her and told her that she had no position in the house. She was in great distress.

> *"I took alcohol from time to time and often grumbled. Once when my younger brother saw my desperate look, he was scared and cried. Then I crawled outside the window and sat there. I shook the window frame and tried to jump down. However, when my younger brother held me back, I thought that Dad had already lost his wife and my younger brother also lost his mum. If my dad and my brothers lose me, they will be very much upset. Then I gave up the thought of jumping. I only cut my wrist and was sent to hospital."* ***Excerpt 5***

Diane was driven almost to collapse and came close to killing herself. Feelings which had been pent up for years and loyalty to the family which had been maintained but was no longer recognised suddenly became clear to her. Diane was vulnerable to mental distress but followed her father's drinking habit to escape from reality. She even repeated the "ghost's behaviour", which her mother had performed. While her mother's behaviour of crawling outside the window was due to "the possession of a ghost", Diane identified her mother's or the ghost's behaviour as a cry for help. On the one hand, she contemplated a sense of "non-existence" and found "death" a possibility: on the other hand, there was a sense of connection with the family that made her relinquish the idea of suicide.

At 17, Diane met a boy who was her neighbour and they quickly developed a romantic relationship. Every evening she went to the boy's house after preparing meals for her father and younger brothers. Her boyfriend's parents liked her very

much and even cooked her soup and food. The two families visited each other during festivals and had dinner together. Unfortunately, Diane discovered that her boyfriend was a drug addict who had failed to wean himself off drugs after several attempts at self-withdrawal and residential treatment.

> *"When I first knew that he was an addict, I was very unhappy. After every time he had sought treatment for a while, he would again relapse into drugs. I scolded him severely. Sometimes when I went out with him, I nagged him and took a tree branch to beat him. He then went away and avoided me. Once I even hurt his head by throwing the alarm clock at him and his brother said that I was bad. Once I pulled his hair on the street. He could not bear the pain and slapped me. Then he hugged me and said he was sorry."* ***Excerpt 6***

The recollection reflected how little Diane was aware of the seriousness of her boyfriend's drug problem and the risk of being exposed to a drug-using environment. She used nagging, scolding and violence to express her expectations. She acted like a mother disciplining her child. Her boyfriend was able to win her heart again whenever he apologised. Later, her boyfriend was caught by the police and went to jail. Diane came across a former friend who lived nearby and often lingered around the play-area on the housing estate. She remembered what led her to the first puff of heroin as follows:

> *"I could not sleep in her house. I forgot to bring along the sleeping pills. I asked her whether she had the pills in the house. She asked me whether I wanted to inject heroin. I thought of this for a moment and told her to inject heroin for me. I had heard people saying that it could be fatal for people to take drugs by injection for the first time by themselves. I knew that I should die since I had never used heroin before. I only felt dizzy. The following day I asked her to give me an injection again."* ***Excerpt 7***

The use of heroin was a turning point in Diane's life. She had always wondered why it was difficult for her boyfriend to wean himself off drugs. After her

boyfriend was discharged from the prison, he scolded her but they took drugs together. Research studies indicate that much of women's drug use is associated with a male partner; Diane's experience partly confirms these findings, and partly reveals the social and cultural pressures on her. What is behind the scene is the greater emphasis placed on family values than on individual needs in the traditional thinking.

6.2.2 The Researcher's Reflection

In my life as a social worker, I came across various drug-related problems like family crisis, delinquency and mental illness. Cultural beliefs have shaped my perceptions and feelings about the importance of family and filial piety. Diane's narrative, however, made me realise the cultural and social constraints on her and her family. The first core theme is "*the submission of the self to the family*". Diane believed that she was expected to take care of the home, her father and two little brothers. She felt guilty as she advised her mother to leave the house. Out of sympathy and respect for her father, she took up the family responsibilities and put up with her father's ridiculous behaviour. Deep down, she felt restricted, controlled and trapped into taking care of the family. The transition occurred when her father denied her position in the family. This pushed her to the limit and she, like her father, began to drink heavily and attempted suicide.

The second core theme is the "*uncontrollable part of family life*". In Diane's recollection of the mother's possession, ghost, wine and window symbolised the uncontrollable and unpredictable part of the family's lives. The father's alcoholism caused a great deal of trouble in the family. Diane was haunted by the weird sense of

a childhood experience and imitated her mother's behaviour in her adolescence. There is a link between her experiences in childhood and adulthood which explained why Diane sat on the window after drinking wine. The ghost was supposed to rest in peace; her father had been working hard and responsibly and Diane was once a good girl. All of a sudden, the use of alcohol turned their lives upside-down. Drinking, whether by the ghost, by the father, or by Diane, all meant destruction and chaos.

It can be seen that Diane played the dual role of a saviour and a victim in the family scene. The underlying theme is the "*pattern of self-help in the family*". It occurred to me that the parents lacked the knowledge and skills to deal with their relationship. Violence, gambling and drinking ended their marriage. In Chinese culture, mah-jong playing and drinking are socially recognised but indulgence in these activities leads people to neglect their duties. In Diane's case, drinking and gambling were part of her parents' way of coping with life stress and anxiety. The family burden fell on the eldest daughter; Diane felt stressed, anxious, confused and fearful at the loss of her father. Although the mother left home, she maintained frequent contact with the children and pressed Diane to take care of the little brothers. The father, who had pushed the mother out of the family, felt lonely, drank heavily and grumbled about his life. The cultural belief in "self-help" prevented this family from seeking help from others. Diane became a "young carer", who was abused and exploited. It is understandable that Diane would not leave her family because she witnessed the tortures her father experienced after the mother's desertion. However, she was deprived of power and status as the importance of the son continued in the traditional Chinese family. Surrendering herself to the family, feeling hurt, inferior, helpless and confused, Diane resorted to alcohol to turn her

thinking and feelings into numbness. On the one hand, the use of alcohol made it easy for her to sleep and forget the unpleasant past: on the other hand, her mood was so altered by alcohol that she often thought of self-destruction and suicide.

The turning point is characterised by Diane's attachment to the boyfriend. The fourth core theme is "*the joy and disillusionment of growing up*". It seemed that the boyfriend could save her from the desperate family situation. Diane experienced the joy of having male company. The two families got on very well. To her disappointment, she discovered that her boyfriend was a drug addict. The dual themes of sameness and difference, order and disorder pervade the plots and scenes. Like other teenage girls, Diane went to school, obeyed her parents, took good care of the family and dreamed of a romantic relationship. At the moment she started to model the behaviour of her father and boyfriend, it marked a change in her identity and life patterns. Her life was no longer structured and ordered by the routine teenage activities. Instead, drugs and alcohol dominated her life. Like a prisoner, she had little power and strength to change her fate. The essence of Diane's experience is the dependence on father and boyfriend, and the emphasis on family values and self-help. It looks as if alcohol and drugs induced a chemical change in the brain, which led Diane and her father to an emotional outburst. Yet, I wonder whether they had consciously chosen alcohol and drugs as tools to unleash them from their inner pains and agonies.

This study emphasises the use of multiple methods to describe and explain the women's drug use. Chinese society views drug use, especially by women, as a moral failure. However, Diane's narratives indicate that she was a victim of cultural

and social oppression. Her drug use was a response to life events. Based on the information of a single-case study, I moved on to the quantitative analysis and the cross-case analysis, focusing on the using on the social and cultural context in which the research participants used drugs. The aim of quantitative analysis is to examine the trends and patterns of social characteristics for female drug-abusers. The purpose of the qualitative analysis is to understand the women's perspectives and to show their subjective meaning of drug use. Together the techniques prove whether there are social and cultural issues for the women drug users in Hong Kong.

6.3 Current Trends of Female Drug Abusers in Hong Kong

The statistics of the Central Registry of Drug Abuse (C.R.D.A.), which are published by the Narcotics Division of the Hong Kong Government, show the current trends in drug addiction. According to the 35th report of the C.R.D.A. (Narcotics Division, 1995), the total number of women drug users in 1993 was 1,646, which was 9% of the total population of known male and female drug abusers in Hong Kong. Of the women drug users, the proportion aged under 21 showed a significant increase, from 31% in 1992 to 36% in 1993. This is shown in Table 6.1, which shows a comparison of the research group and the C.R.D.A. group. The number of female addicts aged under 21 rose from 387 in 1992 to 600 in 1993. Females tended to initiate drug-taking as early as 19 years of age compared with 21 years of age for males. The drastic increase in the number of young female addicts in Hong Kong shown by the 1993 figures was alarming.

Table 6.1: Age Distribution of Women Drug Users Between the Research Group and the C.R.D.A. Group

	*C.R.D.A Group			**Research Group
Female	1991	1992	1993	1992-93
Total	1278	1261	1646	78
	No %	No %	No %	No %
16-20	316 (25)	387 (31)	600 (36)	20 (26)
21-30	468 (36)	438 (35)	543 (33)	36 (46)
31-40	354 (28)	318 (25)	346 (21)	18 (23)
41-50	86 (7)	75 (6)	102 (6)	3 (4)
51 & over	54 (2)	43 (3)	55 (4)	1 (1)
Mean age	29.0	27.8	26.8	26.7

Notes: *Ages shown are as at the time of report
**Ages shown are as at the time of admission

6.4 Pre-Treatment Characteristics

The sample selection of this research was by no means random. For this reason, the socio-demographic data of the sample group (78 respondents) was compared with that of the C.R.D.A. group (female reported individuals) in order to test the level of representation. The C.R.D.A. has a comprehensive reporting network as information comes from 34 agencies (i.e., statutory and voluntary organisations). S.A.R.D.A. admits female drug abusers who seek voluntary treatment or are referred by Probation Officers for institutional care.

Those aged under 21 (Table 6.1) formed 36% of the women in the C.R.D.A. group and 26% of the research group. This may suggest that women who entered residential treatment tended to do so at a later age. A common feature was the percentage of those aged 31-40, 21% in the C.R.D.A. group and 23 % in the research

group. The mean age of the C.R.D.A. group was similar to that of the research group.

Table 6.2 indicates that both groups are alike in educational achievement. However, they were different in their marital status. In the research group, 37 (48%) women were single, 22 (28%) married and 15 (19%) cohabiting. By contrast, the proportion of single women in the C.R.D.A. group was 63%, married 28% and 2% cohabiting. Of those married or cohabiting in the research group, 26 (70%) reported that their partners also abused drugs. Such information is not available for the C.R.D.A. group. No significant differences were found between the research group and the C.R.D.A. group in socio-demographic factors. It may therefore be concluded that the research group is representative of the women's population in the C.R.D.A. report.

Table 6.2: Comparison of Socio-Demographics for the Research Group and the C.R.D.A. Group (%)

Characteristic	The Research Group (1992-93)	C.R.D.A. Group (1993)
Education		
Never attended school	4 (5 %)	(5%)
Primary school level	28 (36%)	(41%)
Lower secondary school level	36 (46%)	(42%)
Upper secondary school level	10 (13%)	(12%)
Marital Status		
Single	37(48%)	(63%)
Married	22(28%)	(28%)
Cohabiting	15(19%)	(2%)
Divorced/Separated/Widowed	4 (5%)	(7%)

6.4.1 Profiles of Younger Women and Older Women in the Study

A close look at the distinction between the younger and older women in their responses to treatment is important for the programme design and treatment strategies. Analysed by age groups, the majority (72%) of the research group were within the age bracket of 16-30. If the cut-off point had been set at the age of 30 years, the sample groups would have been too unevenly distributed for data analysis. Moreover, the Youth Services in Hong Kong set the age range from 12 to 25 for the youth group. This is the main reason why I chose the age of 26 years as the dividing line between the younger and older women. The results show that 41 of the women were under 26 years old whereas 37 were aged 26 and over. Chapter 4 reported that, in the early 1970s, there was a rapid growth in the number of young women drug users in Hong Kong. Although the number of female addicts in the 1980s did not exceed the figure in the 1970s, there has been a noticeable increase in drug use by adolescent women since 1990. Presumably, women who began drug use in adolescence in the 1970s or 1980s and have since grown up have different life experiences from those who started using drugs in the 1990s. A comparison of their social characteristics, treatment and post-treatment functioning should provide rich information for service provision.

Table 6.3 shows a comparison of the socio-demographic factors of the women in these age groups. A significant difference in the level of education between the age groups is apparent, showing that younger women are twice as likely to have completed secondary studies at the upper level* as those in the older group.

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* The upper level of secondary education is the phase from Form 4 (aged 16) to Form 5 (aged 18).

This phenomenon can be explained by the introduction of the nine-year compulsory education scheme for the under-16s in the 1980s. No significant difference was found in their marital status. Of those who were married or cohabiting, 10 younger women and 16 older women admitted that their spouses were active drug users.

Table 6.3: Comparison of Socio-Demographics for Women Under Age 26 and Age 26 and Over

Characteristics	<26 (n=41)	26+ (n=37)	Characteristics	<26 (n=41)	26+ (n=37)
Education***			Marital Status		
Never attended school	0 (0)	4 (11%)	Single	22 (54%)	15 (41%)
Primary school level	7 (17%)	21 (57%)	Cohabiting	12 (29%)	10 (27%)
Lower secondary	26 (63%)	10 (27%)	Married	5 (12%)	10 (27%)
Upper secondary	8 (20%)	2 (5%)	Divorced/ Separated	2 (5%)	2 (5%)

Note: Symbols of significance level - *p<.05 **p<.01 ***p<.001

The quantitative results show that there was an increase in the number of young women drug-abusers (aged 26 or under) both in the research group and the C.R.D.A. group. The themes and meanings of their life risk factors and risk prone behaviour will be found in the qualitative analysis.

6.4.2 Qualitative Data Analysis

Two points about the data analysis need emphasis. First, the informants reported their subjective experiences of family and cultural pressures. This does not necessarily imply anything about the general situations of Chinese families in Hong Kong. The second point is that the data might suggest that informants who took

drugs came from dysfunctional families. However, many young women with such family histories do not take drugs. The discussion of the qualitative findings must be seen against these backgrounds.

6.4.3 Childhood Experiences

A. Family Social Class and Financial Status

In the intensive interviews and a total of nine biographies of the informants, all women mentioned family social class and financial status. Research has shown that a majority of women in treatment reported that there were problems and disruptions in their primary families (Gomberg & Lisansky, 1984). In this study, six informants came from "working class" families. One young woman was from a "well off" family which owned property (house and restaurant). The fathers of the "working class" families were employed variously as farmer, construction site workers, sailor, cashier, or mechanical engineer. Three of the mothers assisted the family finances by working as a waitress, a dish-washer and a hawker. One young woman's father died when she was small. Her mother worked as a labourer to support the family income. For the purposes of comparison, the names of women who were under 26 are shown in bold type in the quotations. The following shows the women's descriptions of the family social class and financial situations:

"My father was a transport agent and he had to work for most of the time. However, for a period of time, he didn't have to go to work because his business had failed. Soon after, father became a sailor. He rarely came home and we didn't have much chance to be with him." ***Rose***

"My father ran a restaurant in the New Territories. He was fully occupied by his business whereas mum was exhausted by taking care of my mentally-retarded younger brother." ***Lisa***

"When I was small, my family was very poor. My father was the only one who farmed to support a family of six. My mother was illiterate, she did the housework." Elsa

*"When I was small, mother trimmed loose threads in garments to earn a living. My brother and I often helped her. Father worked on the construction site. He went to work at 5:00 a.m. in the morning. I didn't see him very often." **Helen***

One old woman's father was a drug user. Another young woman's father was a member of the triad society. He had never worked and had always depended on women for his living. Her parents divorced when she was very young.

B. Social and Cultural Pressures

Data show that cultural and social pressures dominated the lives of the informants' parents. Many were frustrated with their poor financial conditions. Some parents were addicted to drinking, gambling or drugs as their ways of coping with life's difficulties. The following statements are extracted from the women's narratives of their parents' action and behaviour. Each description adds meanings and themes of the cultural and social pressures to the women's lived experiences. The narratives also reflect how the informants constructed their self-identities as they grew up in their families.

"One day when I had finished school, I went home and saw an ambulance outside my house. I found out that my father had taken insecticide. When I saw that, my heart fell. I was very nervous, and dared not to imagine what would happen to my father...Mother was very unhappy and sad. She often cried and thought in her own way, yet she cooked for us... I didn't understand why my father committed suicide. Whenever he was unhappy, he would only get drunk. He moaned and groaned, beating his chest. He complained of his marriage, saying that if not for this marriage, he would not be so harsh. He scolded and beat my mother. We couldn't sleep well. This happened three or four times a month. Seeing this, I did not want to stay at home. I really envied those who had a happy and warm family." Elsa

Many of the difficulties that the informants and their parents faced resulted from a traditional way of thinking. The findings reveal that Elsa's father had deep cultural beliefs about raising the family. He farmed in the New Territories but earned very little. He developed a drinking problem as a way of escaping from feelings of anxiety, depression and helplessness. Elsa saw her father as an alcoholic who blamed fate and his children. Her father's drinking problem became a cornerstone on which Elsa built up her self-identity. Being brought up in a dysfunctional family, the informant's experience lowered her self-esteem and deepened her shame about being in poverty. She recollected one incident when her neighbour accused her and her younger brother of stealing an egg. Her father did not say anything but went away. The following excerpt evokes the informants' feelings and struggles as she reflected on the incident

> *"I was very ashamed. I was angry that my family was so poor and my parents so useless. If we were better off, people would not talk about us in this way. If my father dared to argue back, the woman would probably shut her mouth rather than tell that we stole her eggs."*
> *Elsa*

The problem we are concerned about is the impact of family poverty, alcoholic parental drinking and drug use on children. Not every child of an alcoholic is doomed to problem drinking. We have to look into the social and cultural difficulties which are perpetuated in families or groups, with reference to dysfunctional parenting. In the traditional Chinese culture, strong family orientation and filial piety are the core cultural values by which a person structures his/her social relations and acquires his/her identity. At specific points in their lives, the informants found themselves caught in a dilemma between meeting their parents' demands and fulfilling their personal aspirations. The parents' drug-using or

gambling lifestyles made it hard for some informants to grow up normally and to overcome psychological problems. The followings are the informants' narratives of how they were manipulated by their fathers into supporting their bad habits.

> *"My father was a drug user. I often had the feeling of being looked down on. My mum worked very hard. But I'm afraid of her and I'm afraid of making mistakes. She often scolded me. I knew that no matter how hard I tried, I could not please her. My father was nice to me. If he had money, he would buy me new dress. When I grew up, my father asked me to borrow money from the neighbours. I felt ashamed of this. I remember for several times he asked me to bring drugs from one place to another. Whenever the police passed by, I was scared and felt helpless." Elaine*

> *"I remembered that my family was very poor. My dad seldom worked but relied on a remittance from his parents in Malaysia. He was addicted to gambling...I can't put my thoughts into words. At 14, he lost money in the Casino and owned the loan-shark a lump sum. He asked my sister to take me to the bar to work as a waitress. I was so scared that I couldn't say anything. I didn't know how to express myself but kept crying when I lay in bed that night." Alice*

One can see from the narratives that the informants had little power over their lives. Confucian thought emphasises a hierarchical structure of social relations, in which a woman is expected to submit herself to the father at home, to the husband after marriage, and to the son in old age. In this study, the informants had good relationships with their fathers and wanted to fulfil the ideal of a daughter. As they were conscious of the moral values in society, they were frustrated, confused and angry with themselves and their lives. Their fathers' abusive behaviour had brought long-term psychological damage to the informants. For instance, Alice dreamed of being a perfect wife, but she ventured into a career as a bar waitress, which undermined her hopes. In Hong Kong bar waitressing is closely linked to prostitution. The first day she worked as a barmaid was a turning point in her life. This is what she said:

"Before that, I often used to go out with my female friends for the cinema, shopping and swimming. I hated the teddy boys. I was an ordinary girl. I just wanted to get a job and get married. In life, I didn't expect much but an ordinary family. I would do anything to raise my children and support the family...However, I felt helpless. I had no control over my life. I started to use LSD after I had worked as a waitress in the bar. One day, after I had taken some LSD, I became unconscious and fainted in a room. When I woke up, I found that I was naked and had been raped by a sailor. I was very much upset at losing my virginity. A customer introduced heroin to me and said that it produced a feeling of euphoria. I began to use heroin."
Alice

In many ways the family unit takes precedence over individual needs. The education of some of the informants in this study suffered as a consequence of their financial conditions. In the case of Jane, her mother persuaded her to give up education for financial reasons, whereas her brother was encouraged to continue his education. The traditional Chinese view is that the son is expected to play the role of breadwinner, whereas the daughter will take up the roles of housewife and mother. The cultural value for a son to receive higher education has its pragmatic reason. Jane had a different perception of being deprived of education. She recalled the incident that was her turning point in life, losing interest in study and having fun with her classmates.

"During my first term in F.1, my elder brother was not offered a place and he had to study in a private school. Mother told me her burden was too heavy and asked me not to study anymore. Having quitted for half a term, I still preferred to study. Therefore, I told my father. But, as I had given up my study grant, I had to pay the school fee. At first, Mother refused, but Father told me that as far as I liked, he would work hard and let me continue my studies. I entered a private secondary school. During that time, my family condition had improved. However, the environment of the school was not so good and all my classmates did not study properly. They only went to school to play, or just didn't attend classes. Therefore, I was distracted and could not concentrate on my studying. I often joined my classmates to go to parties." Jane

Lisa, another young informant, suffered stress and anxiety when her mother forced her to smuggle goods across the border between China and Hong Kong. The narrative reflected the daughter's obedience to her parents' instruction but she was frightened of the illegal activities. It tells us how the individual needs of the daughter were ignored in order to maintain the harmony and prosperity of the family unit.

*"At 11, I helped my mum to smuggle illegal goods across the border. Mum put ten packages of cigarettes in my school bag. I was scared when I walked along the bridge. I was scared that Customs Officer would discover this. Once I was caught by a Customs Officer who told me that I should go to school rather than get involved in illegal activities. Then Dad came to the office and paid the fine. As soon as I got back home, I rushed to my room and kept crying. I even refused to have dinner. I thought my mum would not ask me to do this again. Two weeks later, she just bandaged the illegal watches on to my body and asked me to cross the border. I was really scared." **Lisa***

The narratives show considerable differences in life experiences but share common themes of the importance of family and the suppression of individual needs in Chinese culture. Drawing upon the data I collected, I recognised a struggle between family poverty and traditional cultural values. The social and economic pressures led to a number of parents drinking heavily or using drugs or gambling to escape from reality. Their lifestyles had a strong impact on the informants who experienced feelings of frustration, anger and helplessness in their childhood.

C. Results from the Checklists of Life Risk Factors

The qualitative accounts of the informants' family backgrounds coincide with the findings in the survey. Table 6.4 details the life risk factors for younger and older women in the quantitative study. More younger women than older women had

divorced parents or indulged in drinking and gambling. Overall, 22 women reported that their fathers were problem drinkers, 14 admitted that their fathers abused drugs. Twice as many older women compared with the younger age group reported drug abuse by their siblings.

Table 6.4: Comparison of Life Risk Factors for Women Under Age 26 and Age 26 and Over

Characteristics	<26 (n=41)	26+ (n=37)	Characteristics	<26 (n=41)	26+ (n=37)
Life Risk Factors					
Parents divorced	12	5	Father alcohol abuse	11	11
			Mother alcohol abuse	6	4
Familial gambling habits			Familial drug abuse		
Father	9	4	Father	7	7
Mother	5	6	Siblings*	5	12

Note: Symbols of significance level - *p<.05

D. Social Relationships

Themes from childhood clustered around relationships with parents, grandparents, and siblings and closeness to peers. Four young informants reported good relationships with their mothers. Three reported that they were never close to their fathers since they were often away from home. Only one reported having had a good relationship with her father, who had died when she was at an early age. Fanny was furious when her parents divorced.

"When I was nine, my family faced a crisis. My parents divorced. It was because my father was a lazy man who depended on women for his living. He always beat my younger brother and me to give vent to his feelings. We were beaten and got a lot of abrasion on our bodies. He quarrelled with my mum without any reason. My mum could not stand him as he was unfaithful. My parents lodged for a divorce and negotiated for the right of custody on us. We could not say anything but followed my mother. We were put into the care of my

*grandmother. Mum worked in a restaurant to support our living. I feel that this world is unfair. It is unfair for us to bear the consequence of the adults' behaviour." **Fanny***

When Fanny was eleven years old, her mother remarried. She recalled that this was a difficult time, since her classmates mocked her about her mother's second marriage. At home, she had to carry out heavy domestic duties such as washing, preparing meals and looking after her brothers. Fanny remembered that she did not go on to secondary school as her stepfather did not give financial support. Still, the bond with her mum remained close. Fanny recounted the sexual abuse by her stepfather.

*"One midnight, I was woken up by my stepfather. I dared not say a word when he molested me and feared that my mother would die of anger. I was confused. I began to wonder whether he liked my mum or not. If he really liked her, he would not behave like this. Since then, I deeply hated my family and wanted to take revenge if I had an opportunity." **Fanny***

One informant, who was the younger daughter in the family, remembered that parental conflicts created a sense of confusion and insecurity in her. She cherished the good relationship with her mother and felt pity for her suffering.

*"My mum loved drinking and my dad loved playing mah-jong. One night, mother had drunk some wine. When father went to play mah-jong, she grasped his trouser pocket, 'What... you doing? where gonna you ...?' She was drunk. Father pushed her away, 'What are you doing?' Mother grabbed him again and father pushed her away very forcefully this time. Her head bumped against the edge of the table and there was a lot of blood.... The next day, father brought me to the hospital to see Mother. I burst into tears when I saw her. I thought she was miserable. There was a bandage on her head, and she wore a large white robe. I had never seen her as pallid as this." **Helen***

A majority of the older informants reported that they were not close to their parents. One older informant, who was the youngest of eight siblings, was left to the

care of her elder sisters since her parents were busy with work. Another informant felt ignored by her mother, who favoured the son, but received attention from her father. A third informant had a bitter relationship with her father, who forced her to work as a waitress in the bar. She remembered that her mother was only concerned with her money. Another informant's father was a drug user. Elsa, the fifth informant, observed her father's inconsistent behaviour, which shaped her ways of thinking and coping. As a participant in her father's "drinking" and "aggressive" behaviour, Elsa projected her anger on to her mum and looked down on her. Elsa mentioned parents in her childhood recollections:

> *"Dad adored us. Whenever the Chinese New Year was coming, even though he did not have enough money, he would borrow some from others. My siblings and I respected him very much. I was confused when he got drunk. I remember one night, when we were having tea, my father suddenly took a cleaver and hit it hard on the dining table. He threw all the food down the drain. He shouted at us not to eat anymore. He went to his room in a dead silence. Seeing this, I walked away from home, and tears dropped from my eyes. I wondered why I should be born in this house. I hated being born in such a contradictory and poor family. I started to blame my mum. I felt upset when she was nagging, and complaining about being penniless. We felt that she was annoying. My mum did not have a status at home." Elsa*

The "acting out" behaviour of the father shows that he may have been suffering great mental distress. The narrative conveys the depth of the informant's rage and hurt. It shows that the father's mental problem had become a psychological burden on the family. Taking her father as an example, Elsa carried forward the psychological pains from childhood to adolescence, partly explaining why she used drugs in adolescence as means to escape.

Only one among four young informants mentioned grandparents in her childhood recollections. Two of the grandparents of the other four respondents had died before the informants' birth and two lived in Mainland China. After the divorce, Fanny's mother and the family moved in with the maternal grandmother. Fanny and her brother lived with the grandmother, uncles and aunts. The relatives adored them. She described her enjoyment at living with the maternal grandmother in her recollection.

> *"When I was young, I was very naughty. I always fought with others. People complained to my grandma but she spoiled me and did not scold me. She had a great pity on me since my parents were divorced. She often said that this world was not fair to me. She taught me to be strong and not to let people look down on us."* ***Fanny.***

The family moved out from the grandmother's when the mother remarried. In the same year, Fanny's grandmother had a heart attack and passed away in the hospital. Fanny wrote in her biography: "*I found that this world is unfair. My maternal grandmother had been worried about us when we had moved into the stepfather's house. Now I lost the person who loved me most.*"

Similarly, the five older informants were not close to their grandparents. Two informants' grandparents died before their birth, another two lived in Malaysia and Mainland China. In one case, Jane remarked that she felt helpless when there was a conflict between her maternal grandmother and mother, and that eventually her grandma had to move out from the family.

> *"When I was eight years old, Mum became interested in playing mah-jong. She played from morning till night and my father hated this. Grandma complained about this and quarrelled with her. Mum was a stingy woman who never admitted her faults. One night, after their quarrel, Mum ran upstairs and hanged herself. Fortunately,*

Grandma came back and took a look. She sought help from the neighbours and they loosened her from the loop. Thereafter, Mum did not gamble again. She worked as a hawker in the market. But Grandma had moved out and had gone back to her house. I was very unhappy. I had great sympathy on Grandma. She had become a widow at 22, and Mum was her only daughter. In the end, she had to be so lonely." Jane

Modernisation has brought mobilisation of people, which separates children from their grandparents. Much of the population of Hong Kong live in flats in tower blocks. The flats are typically small and cannot accommodate a large family of three generations. This explains why the majority of the informants seldom mentioned grandparents in their biographies as they lived apart and had little or no contact. Only two informants reported the presence and involvement of grandparents in their families as supportive and encouraging.

Some informants recalled siblings and cousins as friends and playmates. One young girl, from a family of two children, remembered that she played with her schoolmates and was involved in leisure activities. Another young woman remembered that she was at war with her younger brother but sought the companionship of one classmate who took her to Church. One young informant, who was the eldest daughter in the family, played with siblings and cousins. One older informant had a relationship with her younger brother but was frightened of her elder brother. The following descriptions reveal some of their relationships and activities:

"At home, I always played with my three younger brothers. At school, my cousin always borrowed money from me to buy snacks during recess. On Sunday, my uncle came and taught me cycling. I always fell off and got hurt. Sometimes I went to my cousins' house and played with them. I stayed there overnight. I liked to grow

*spring onions in the garden. When I saw them growing, I felt contented." **Lisa***

"My mother was only concerned about doing household chores. My younger brother and I went to play frequently. One day, we saw there were ginger sweets on the street. We picked them up immediately. But when my elder brother saw this, he beat us. All the sweets fell on the ground. I was very angry but yet ashamed. It was really a humiliation to pick up sweets; otherwise, my elder brother would not over-react to this. Afterwards, I was afraid of my elder brother, and did not like him at all." Elsa

The descriptions of the childhood experiences of informants demonstrate differences between the older informants and the younger informants in their relationship with parents. In the case of the older informants, their parents support traditional Chinese values, which place emphasis on respect, obedience, reliability and self-control. Although the informants were not close to their parents, they respected them and obeyed their instructions even at the cost of sacrificing their individual needs. The young informants, however, spoke of good interaction with their mothers. Some came from dysfunctional families with issues of divorce and marital conflicts. The narratives show their views of their parents' conflicts, which made the young informants insecure and confused.

E. Family Values

Cultural thinking plays an important part in the lives of many women's families in the survey. The first theme was a belief in "self-help". One example was a young woman's account of how her mother had kept the father's death a family secret. The mother believed that the neighbour would look down on her family when they knew about her husband's death. The more the family relied on themselves, the more difficult it was for them to overcome their grief. After the death of the father,

the family withdrew from social activities and became isolated from the community.

It was evident in Rose's recollection of the event:

> *"When I arrived at the hospital, father had already been in a coma. I looked at him. I knew he had something to say to us. I looked at him when he died. He turned blue, and the electrocardiograph stopped. I couldn't accept it. Mother cried sadly. It was too sudden. It was the greatest shock in my life. When I went home, it was so deserted. Everyone was down, and mum was devastated by the loss of my father. When I returned to school, my classmates asked me about my father. I told them that he had gone somewhere else. I did not dare to tell them the truth because I was afraid that they would look down on me. My sense of inferiority became so dominating. I was afraid that they would say something about me if they knew the truth, so I would not reveal a word to them. In addition, Mother reminded me not to tell others what had happened as it was stupid to wash dirty linen in public, so I wouldn't even tell them a word."* ***Rose***

As the family struggled in the process, the mother and elder brother found a job whereas Rose and her younger brother prepared their meals and looked after themselves. Everyone felt the emptiness and sensed something missing in the house.

The event in childhood demonstrated a major change in the life of the informant.

Rose recollected the change which occurred in her family as follows:

> *"I couldn't concentrate in my studies anymore. During meal time, mother would retain a seat for father. I knew that she could not accept the death of her father. Brother had found a job and mother became a worker in a school. I and my younger brother and sister had to take care of ourselves. We even had to prepare the dinner. Brother went to play occasionally and came back very late. After father passed away, a lot of things happened in the family. Brother always didn't come back. He once gambled in Macau and got into debt."* ***Rose***

The second theme was the belief in "fate" and "former life". Most of the women in the survey reported that their families practised ancestor worship by burning incense. In her biography, Fanny's mother always told her that she had done something bad in a previous life and had to pay for it in this life. Her maternal

grandmother took pity on them. She told Fanny that her mum's life was destined for hardship as proved by her bad marriages. Lisa, another young informant, remembered that her youngest brother suffered ill health as a child. Even at six years old, her brother still could not walk, and he suffered from insomnia. Her mother consulted a traditional spirit medium, who practised exorcism to find the cause. One traditional spirit medium was invited to her house and Lisa recalled:

> *"The incident was frightening. The house was full of people. It rained heavily outside. Suddenly the spirit medium seemed to be possessed by a ghost and claimed that she was our great-grandmother. However, she mentioned our names wrongly. They found that this ghost was not our ancestor and asked her to go away."* ***Lisa***

A year later, the mother discovered, when consulting her doctor, that her youngest son was mentally disabled.

The third theme was about the practice of discipline within the family. There were different styles of discipline exhibited by the lower-class and working parents, depending on the subculture to which the parents belonged and the intensity of their marital relationship. In the survey, some parents who lived in the New Territories or had migrated from mainland China to Hong Kong at a young age, spoke a particular dialect at home (such as Chiu Chow, Fook Kin and Hakka). They held on to traditional Chinese values and expected their children to observe the rules of filial piety. Other parents who were born in Hong Kong, were lenient towards their children. In one case, the parents were preoccupied with their work to the extent that the elder children became the enforcer of family rules.

"My family was very strict. At Primary 3, I lost interest in study and played truant. My elder brother saw me on the street and asked me why I did not go to school. He took me back home and spanked me. He complained that I was not interested in study. I was very angry. Mum comforted me and reminded me not to play truant." Susan

Chinese parents also had a high expectation of their children's academic achievement. One older informant experienced conflict with her father as she could not cope with his unrealistic demand that she should complete her education.

"My family has a high expectation of education. At 13, I was fed up with study. I told my father that I wanted to get a job. He insisted that I should continue my secondary study. He expected me to work as a prison officer after graduation. I was very much upset at what he said. I felt that I had no control of my life. It seemed that he even wanted to dominate my future career. I didn't listen to him. I dropped out from school and found a job." Susan

The younger group reported discipline by their parents which including spanking, whipping and scolding. In one case, the teacher recognised that child abuse was taking place but the informant was advised to go to the Youth Centre in the evening. It also appeared from the recollections of the informants that the mothers used "scolding" as a method of discipline. The responsibility of parenting, according to the conventions of the lower working-class family, fell on the mother, who complained and grumbled, whereas the father was unavailable.

"I was always beaten by my step-father. Once I could not hand in homework to my teacher at school, my teacher was going to beat me. However, when he saw the wound in my body, he knew that I was being beaten by my family. I told him my family condition. He advised us to go to the Youth Centre from 6:00 to 9:00 p.m. From that time onward, my brother and I went there every night because we did not like to stay at home". ***Fanny***

"My mum got six children but only two could survive, my elder brother and me. Four of them died of food poisoning or drowning in the Mainland. My mum became neurotic and always kept an eye on us. I remembered once I was very hungry and ate a raw sausage from

*the refrigerator. My mum later found out and scolded me. Whenever my brother and I went out to play and came home late, she spanked me but not my brother. Dad worked hard in the morning but went out to play mah-jong after dinner. Mum took my elder brother as her pet. He always got what he wanted. I felt neglected and lonely in the house." **Helen***

6.4.4 Adolescence and Adulthood

A. Peers and Fun

Adolescence was a time of turmoil and restlessness. Peers, fun and drugs appeared as the major themes in the informants' experiences. The search for love and freedom became their goal and might lead to their leaving home and meeting friends at work or in other social situations. In the intensive interviews, two informants recalled that they had been deprived of education, or it had been delayed, owing to financial conditions. Two found the routine of lessons boring and joined their peers in parties or other pleasure-seeking activities. As they became more strongly attached to youth gangs and late night activities, the more their academic performance and school attendance suffered. As a result, none of the informants finished schooling and some joined the work force during adolescence. One young participant recollected how she went out with her colleagues to a bar and showed her love to one colleague as follows:

*"One night, all of us went to a bar. It was the first time I went to a singing lounge. It was very noisy there. It was all very new to me. I had never been in such an environment. I drank a lot of wine and then I hugged Michael. I told him I wouldn't go home and it was under such a way that I came with him. It was my first night. The next day, I quitted school and came out to work. After I went with Michael, I rarely went home." **Helen***

It can be seen that, in adolescence, the women no longer lived within the confines of home and school but moved to the settings of disco, singing lounge and

parties. Rose found that she could not refuse her peers' invitation to a disco and was attracted to the spectacular environment. She remembered that she learned smoking and drinking in this place:

> *"At that time, I cared very much about my self-esteem, and so I never said no to others. The first time I came to a Disco, it was very interesting, and I also loved dancing as it could help me to relax. They played rock music. I was very happy. The environment was terrific. I got to know Eric. My first impression of him was that he and his friends played very wildly. My classmates told me that they took pills. I was somewhat disgusted; I felt they were very bad. But my classmates explained to me that it was common for them to take pills. They had seen a lot. During the weekends, I went to the disco with my classmates. We met many friends there, and I also learned to smoke. I thought that, as most of them smoked, I would lose face if I didn't. Moreover, I didn't want to be different from them, and so I learnt. In the past, I hated people smoking. I had never imagined that I would smoke. I didn't let my family know that. For pills, I was even more rejected. I swore that I would never take pills."* ***Rose***

The informants' account displayed many of the characteristics common to the women in the large sample. They sensed a tension between family expectations and self-gratification. The family values expected them to study hard, to work hard and to behave themselves. In the beginning, the women might control themselves and stay at home. The transition occurred when they felt trapped and constricted at home. For instance, one younger woman reported that she could not stand her mother's scolding and turned to her friends for comfort and support. Another elder woman recalled that after a quarrel with her mother, she ran away from home and stayed with her friends.

"The examination was coming, and I knew that I couldn't concentrate on my studies. I didn't want to study. I only thought about my friends and where to play. Friends were very important to me. Sometimes I came back very late at night. My family scolded me very seriously, and they even beat me. I would not obey them. They didn't give me even a little bit of freedom. There were restrictions everywhere. I was not allowed to do this and that. I was very discontented. Sometimes I would listen to their advice. I wouldn't argue back but stayed at home. Sometimes I would feel sorry. But after that, it was as if nothing had happened and I would still play with my friends. Whenever my mother scolded me, I would call my friends out. We went to pubs. I felt happy with them as I could air my grievances. Moreover, as our experiences were more or less the same, I saw that they would understand what I felt." **Rose**

"At 11, I worked in a restaurant as a dim sum• waitress and met Tina. She told me about the parties she attended and the boys she met. Therefore, I went to the parties with her. After that, I went to parties very frequently, went home very late at night and lied to my father. Later, I worked in an electronics factory, where I met another group of girls. They looked very smart, their hair dyed yellow, sticking straight in the air and they wore flared trousers and thick-soled shoes. I changed. I liked to gratify my wish. We often sat on the railings outside the cinemas, which were the meeting place for any parties being held. When my brother knew that I was naughty, always smoked and spoke foul language, he was very angry. He scolded me for not respecting myself and being so lousy. Then, I went home for a while. One day after I argued with my Mum, I was very afraid and ran away." *Elsa*

B. Risk-Prone Behaviour

In their biographies, some of the informants also mentioned their experiences of life at the girls' home and trouble with the police. Two younger informants, Fanny and Lisa, and one older informant, Elsa, had run away from home in their teens. Only Fanny had been placed in the girls' home after a fight with other triad members. The reasons why three younger informants (Rose, Lisa and Fanny) and four older informants (Jane, Susan, Elsa and Elaine) had come into contact with the police were that they had been involved in shoplifting, possession of drugs, robbery

and gang fights. There is a match of their risk-prone behaviour with that of the large sample group. Table 6.5 shows that the younger women are significantly more likely than the older women to have run away from home. However, the two groups shared common experiences in that they left home at an early age, mixed with dubious peers, got into trouble with the police and some were placed in the girls' home.

Table 6.5: Comparison of Risk Prone Behaviour for Women Under Age 26 and Age 26 and Over (%)

Characteristics	<26 (n=41)	26+ (n=37)	Characteristics	<26 (n=41)	26+ (n=37)
Risk Prone Behaviour					
Contact with police			Living in Girls' Home*		
None	7	2	None	23	30
Sometimes	30	24	1 time	10	6
Often	4	11	2-4 times	8	1
Run away from home	30	24			

Note: Symbols of significance level - *p<.05

C. Pre-Drug Use

The women's transition from pre-drug use, through drug use to drug-using lifestyles is characterised by distinctive themes and patterns in each of the three stages. Of particular importance in the pre-drug use phase is their exposure to temptation and cues of drugs in the social environment. Initially the participants viewed drug-abuse as a bad habit. One of the group of younger informants, Rose, reported that she did not talk to any of her friends who took pills. Fanny felt sad when she came to know that her boyfriend was a drug addict.

> *"Most of my friends in the disco took pills. I scolded them. I told them that if they took them again, I would never talk to them."* ***Rose***

• *Dim Sum* are traditional Chinese steamed dumplings, which are a popular lunchtime snack in Hong Kong and are served in many restaurants.

"When I was with Ah B, I felt safe and had a heroic sense. That was because a group of brothers always followed us. This group of brothers played with us harmoniously. However, Ah B always went somewhere else. I once saw him take straws. I then thought that he sold heroin. I asked him whether my guess was right. He admitted. I requested for selling heroin with him together. For the first time I saw him injecting heroin, I could not believe it. It never occurred me that he was a drug addict. It happened so sudden that I was very sad. From time to time, I advised him not to take drugs." ***Fanny***

Elsa saw her friend taking Mandrax but did not stay away from her. Similarly Susan was put into a working environment where her colleagues used drugs.

"There were five of us, all girls. We rarely returned home, yet we had no place to sleep.. Therefore, we either slept in the bus or on the roof. We had to find ways to make money, and we agreed to rob people on the street. We succeeded several times. Practising the triad ceremony, we dripped blood and burned yellow paper and became sworn sisters. I knew that Ah Fa took Mandrax. I told her not to take pills but she did not listen to me." Elsa

"I found it difficult to get a job as I was only 14 years old. I became close to a group of girls, the same age as me. We often went to parties and caused trouble on the street. I thought it would be a glory to join the triad society. Brother Chung was our big brother. He told us that some Big Brothers would force their girls to engage in prostitution. We felt that we were lucky as Brother Chung did not treat us like this. He paid the bills when we went out. He was also the one who came and paid the bail money when we were caught for shoplifting. Once he saw tattoos on my arms, he scolded me and said that I would regret this. I got a job and worked as a trainee in a Saloon. Most of them took pills but I ignored them." Susan

Like many women in the large sample, the older and younger informants initiated drug use during their adolescence. The availability of drugs in their social sphere was highlighted in many informants' stories. The pre-drug use phase was replete with fun, excitement, self-doubt and helplessness. All women valued their relationships with peers, boyfriends and colleagues in their recollections. Fear of losing their peers or boyfriends made the women tolerate their drug-using behaviour.

To a certain extent, they put themselves in situations in which there was a high risk of drug use.

D. Onset of Psychotropic Drug Use

The findings of the survey show that, for most of the women, the routes to drug use developed from smoking, drinking and taking pills. For some of the older informants in the intensive interviews, drugs, alcohol and men were interwoven in their work at the night clubs. It can be easily seen that the informants were vulnerable in their relationships with men. They felt hurt and cheated when they realised that their boyfriends were just making use of them to work as dancing hostesses in the night clubs. Allowing their lives to be controlled by men, they felt lonely, hurt and inferior, resorting to alcohol and drugs for comfort and escape.

"I met Kwong. Actually I did not love him. I only wanted to have someone to kill time. Kwong asked me to work in the night-club because he realised that I was bored. I knew that he was going to use me to earn money for him. I knew that he wanted me to be a prostitute. However, I wanted to know how he would make use of me. As I had never gone to a night-club, he introduced me to work there. During my working hours, I had to drink large amounts of wine. In fact, I wanted to use wine to poison myself. Even though I knew that I disliked the customers, I still went out with them. Dating with Kwong, I was like a zombie." Elsa

"As I had already reached 18, and did not need to be afraid of being caught in the night club. I worked there as a dancing hostess. However, my relationship with my boyfriend started to deteriorate. We quarrelled frequently because I never saw him working after he quitted the last job. He seldom came back to sleep. I was angry. I asked my customer to give me two "Up-Johns". Never did I think that I would be so high. The next day when Ah Lap came back, he saw Coke spilled on the carpet. He knocked on the door but there was no answer, so he called someone to open the door. After it was opened, he saw me in a high. I lost my temper and beat him. I was very angry and asked him to leave immediately. Therefore, he moved*

* Up-John 17 is a colloquial name for tirazolam (halcion), a type of tranquilliser.

back to his family. I was very sad. I didn't go to work but always went to the lounge to listen to songs and binge drink." Jane

For other informants, the first use of psychotropic drugs was the result of curiosity and pleasure seeking. Two young informants reported that they had experimented with drugs like amphetamines, cocaine and cough medicine for fun, sex and pleasure. Rose found Rohypnol so amazing and fantastic that she could dance happily and have fun with her friends. She joined her classmates to make a scene in the school after taking pills. Helen used cocaine to improve her sexual performance. The following are an excerpt from statements about their use of psychotropic drugs or cocaine:

"I often went home late. For me, day and night were the same. Mum occasionally scolded me for fooling around with boys and reminded me of being cheated. I thought to myself that I knew clearly what I was doing. I knew what was right and what was wrong. In fact, I was too confident in myself. The fact was that I was not aware that I was becoming worse. At the Mid Autumn Moon Festival, I went to camp with my friends on Lantau Island. They brought some pills with them. It was Rohypnol. As I had never tried Rohypnol before, I took some. I was extremely high. I was very happy. I danced crazily. At Christmas, I knew that I was going too far. I took pills on every holiday. We went to our friend's house to take pills together, chatting, listening to pop music, totally carefree, extremely happy." ***Rose***

"I took pills with my classmates at school. We played crazily, scolding the teachers. Later, the Headmistress came. She didn't know that we had taken pills. She scolded us and we were still laughing. Afterwards, she punished us and we had to stay behind to do some typing." ***Rose***

"I took cocaine with my boyfriend, Brother Ming and it was the first time I had taken cocaine. I didn't have much feeling of the drug at all... After a few days, I wanted to "feel" cocaine again. I bought the tools and wrapped the drug myself, and I felt high. I took cocaine with Brother Ming because I wanted to have more excitement when we had sex. I never had an orgasm but I could be totally aroused after taking cocaine." ***Helen***

The immediate consequence of taking cocaine, as reported by Helen, made them feel tense and anxious. She and her boyfriend became suspicious of each other. Her boyfriend accused her of having a relationship with his triad brother. When Helen felt ignored, she hurt herself to seek attention. She recalled the fights with her boyfriend as follows:

> *"As he began to avoid me, I harmed myself to make him feel sorry. I dragged my thigh hard with knife and hurt my hand with pins. It was in this way that our relationship became worse and worse. Finally we broke up. He was afraid of me, and even dared not answer my phone call. Our relationship was not over. He rented a flat for me near the city centre. Sometimes, he came and we took cocaine together. He became thinner and thinner. When we took cocaine together, he always glanced around to see if there was someone else. I was disappointed at him as it was my flat. It would be nonsense for me to set him up."* ***Helen***

Like the younger informants, the older informants remembered that, after taking psychotropic drugs, they felt free to make fun and create an uproar in the shops. Immersing themselves in drugs, the women experienced a sense of delight and freedom, which was in sharp contrast to their routine and ordinary lives.

> *"After I separated from my boyfriend, I felt lonely in the house. I continued to take pills with Annie, at a period, we couldn't purchase the pills. One of the night-club customers told us that he could sell us the pills but we had to purchase 50 to 100 pills each time. Therefore, Annie and I bought 50 pills and consumed this within three days. After taking the drugs, we went to the 7-Eleven [a late-night shop] to make trouble by either pushing down all the things or breaking the shop doors."* *Jane*

> *"We began to take pills. Sometimes we took pills at work. Once when we had reached a high, we left the saloon. We walked on the street while we had the funny feelings. Sometimes we went to a restaurant, made a mess of the table and broke the glasses. The waiters saw that we were troublesome and asked us not to come anymore. We just ignored them and always went to that particular restaurant."* *Susan*

In the case of Susan, her father did not approve of her use of psychotropic drugs. Susan mentioned that her father discovered her drug use, and he sought help from a policeman friend. Two policemen took her to the police station and gave her a warning. Her mother and sister then took her home. Her father was very much upset and scolded her severely. A description of the conflict between father and daughter follows:

"When I returned home, Dad scolded me saying that if I liked to take Mandrax so much, I should leave home. He didn't want to see me taking pills, getting high, walking on the street, giggling and swaying which made the neighbour know that I'm on drugs. I didn't listen to him and went out to join my friends. Sometimes I even took my friends home and we had pills together. Once, my father saw us and became angry. He reprimanded me for taking pills and drove me out of the house. I felt ashamed when he confronted me in front of my friends. I was very impulsive. I told him that I would leave the house and whatever happened to me in future, that was nothing to do with him. Then I left home with my friend and stayed in Ah Lin's house."
Susan

The above examples show a distinction between the meanings of drinking and the use of psychotropic drugs in the women's lives. Informants who took psychotropic drugs and pills emphasised the euphoric effects and the freedom from life pressures, but the women who drank heavily emphasised a bitter relationship with their boyfriends and the disgusting work in the night club. One young woman mentioned the consequences of psychotropic drug use, which changed her personality. One older woman broke up with her boyfriend. The informants' situations were typical of the women's experiences of drug use in the large sample. Drug use became part of their lives and, at one stage, all women, except Rose, moved to the use of heroin for different reasons in different circumstances.

E. Switch from Psychotropic Drug Use to Heroin-Taking

Many informants in the study recollected the joy and peace of drug use when they first moved to heroin. The meanings of heroin use were varied and the time taken to develop physical dependence on drugs varied from one woman to another. The older women reported that they had been introduced to heroin by girlfriends. They described the wonderful effects of heroin use; euphoria and being taken to a state of self-forgetfulness and tranquillity. All developed physical dependence on heroin within one to eight months.

> *"I was close to a girl friend called Ling who mixed with some heroin addicts. I was very curious. When I saw them close their eyes, they seemed to enjoy it very much. I just wanted to see whether taking heroin was a joy. At that time, they took drugs by chasing dragon. I learned to take heroin because I wanted to be part of them and be upgraded to the identity of a heroin user. The feeling of the first puff was not as Ling had described to me. I did not give it up. I inhaled the heroin heavily until it was gone. Then I got hold of the feelings just as Ling had described them. I really enjoyed the feelings. The feelings were just the same as taking mandrax but my mind was not so confused." Susan*

> *"Every time I went to Ann's house, I would see her smoking heroin. I was shocked and resisted. I could never imagine that she would take heroin. Then, I became used to it because I slept in her house sometimes. One day when I woke up, she asked me to take some. I couldn't resist it. I took a puff and felt very comfortable and complacent. After taking the heroin, I was very energetic. Therefore, I came to her occasionally and asked her to put some in the cigarettes for me." Elsa*

> *"As I was growing up, my feeling towards taking heroin was that I could air my grievances after taking them. I don't have to face life and there is no fret. During that time, I did love that feeling very much." Jane*

The excerpts from some younger informants show that their expectations of drug use reinforced their behaviour.. Lisa wanted to keep fit and Helen thought that heroin could make her sleep.

*"Once I met Alan. He taught me how to take heroin. I became unconscious and stayed in the house a few days. Then we came together. I took drugs every day because I wanted to lose weight. Moreover, I thought it would not be so easy to get hooked." **Lisa***

*"I felt tired of being with Brother Ming. I told him to go and he really left. I was very much upset. I threw all my things around the house. Lulu and Winnie were my neighbours. Winnie came over to comfort me. I knew she took heroin. I didn't want to think any more. I knew that I could sleep well by taking some heroin. I asked her to give me some. When I first took heroin, I felt that it was no great deal and there was nothing special about it." **Helen***

Fanny's boyfriend used drugs. She tried in vain to persuade him to stop. It seemed that her initiation into drug use contradicted her original thinking. This irrational behaviour suggests that Fanny was impulsive and adopted self-mutilating behaviour to cope with frustration and anxiety.

*"I often advised Ah B to stop taking drugs, but he could not stop himself. Since he did not take my advice, I asked him to put heroin into a cigarette and hand it to me. It was out of curiosity and wilfulness that I initiated drug-taking. I thought that Ah B would stop taking drugs if I began to develop an interest in this. To my disappointment, he just let me take drugs. I had a weird thought that for better or worse, we could share the same habit and die together." **Fanny***

By the end of the two-year probation period, Susan switched from chasing the dragon (i.e. fume inhalation) to injection as her consumption of heroin increased and the old method could no longer satisfy her. She experienced euphoria when she took the first injection of heroin.

"Seeing that the probation period was almost over, I took more heroin. I did not have any feeling by chasing the dragon. I switched to injection. When I first injected heroin into my body, I was euphoric. I went into a trance that I felt free of any restriction and trouble." Susan

In contrast, the motive for Fanny to use the injection method was suicidal. She felt pain and emptiness after breaking off from her boyfriend. The incident showed that Fanny turned her anger against herself.

> *"I thought that I had known my boyfriend for years and he treated me badly. I felt that life was meaningless. I really hated him. In order to avoid trouble, I learnt how to inject heroin. I always injected it until I went into a coma and lay down. At that time, I was not afraid of death and did not want to live."* ***Fanny***

Informants recounted that they began using heroin for physical, social and psychological reasons. One informant wanted to improve her body image; for others it was a matter of social identification with peers and boyfriends; and, for the rest, psychological need for pleasure and curiosity. It also appeared from the women's recollections that one switched to injection to experience euphoria and others did so to escape from suicidal thoughts. The analysis of the meanings of drug use for the informants supports the cognitive-behavioural theory that a person who initiates drug use has certain beliefs about what the effects of drugs on her/him will be (i.e., outcome expectancies) (Goldman, 1989), and learns the behaviour from significant others (Bandura, 1977).

F. Drug-Use Profile and Treatment Experience

The findings from the survey indicate the patterns of drug use and treatment experience of the younger women and older women. The data show that no significant difference was found between these two groups in the people who introduced drugs to them and the reasons for their initiation (Table 6.6). Both the younger and older women were introduced to drugs by their peers or boyfriends.

Ten of the younger women used drugs as a way of identifying with peers whereas nine older women took drugs under the influence of partners.

The younger women differed significantly from the older women in their drug history and experiences of methadone out-patient treatment. Presumably the factor of drug history is related to their age. The young clients reported a short drug history whereas more than half of the older women had been taking drugs for periods of 6 to 20 years. It seemed that the older women had registered for the out-patient methadone programme but they benefited little from the treatment in relation to staying off drugs.

Table 6.6: Comparison of Drug Initiation, Drug Use Profiles and Treatment Experiences for Women Under Age 26 and Over (%)

Characteristics	<26 (n=41)	26+ (n=37)	Characteristics	<26 (n=41)	26+ (n=37)
Drugs Introduced By:			Drug History***		
Friends	24	20	1-2 years	22	0
Boyfriends	13	10	3-5 years	6	4
Relatives	2	3	6-10 years	11	13
Self-learned	0	1	11-20 years	2	14
Others	2	3	21-25 years	0	6
Reasons for Initiation			No. of Times in Methadone Out-Patient Treatment**		
Empty feelings	0	1			
After traumatic events	3	2	None	24	5
Curiosity	17	14	Once	9	14
Relief of boredom	4	4	2-4 times	7	15
Identify with peers	10	3	5-7 times	1	1
Self-medication	1	0	8-10 times	0	2
Seek euphoria	3	4			
under influence from partners	3	9			

Note: Symbols of significance level - *p<.05 **p<.01 ***p<.001

G. Employment

Table 6.7 shows that, of the younger women, 3 were students and 21 worked as waitresses or salesladies before addiction. 5 reported that they worked as prostitutes and 9 involved themselves in Public Relations in Karaoke after they developed the drug-using habit. In Hong Kong, Public Relations in Karaoke is associated with sex service. 9 younger women claimed that they were unemployed and their financial income came from their boyfriends or families. Of the 37 individuals in the older age group, 9 had worked in the factories in the early 1980s and 6 engaged in prostitution and 17 worked in Public Relations in Karaoke to feed their drug habits. It seems that prostitution or sex service were means by which the research participants could support their drug-using lives.

Table 6.7: A Comparison of Employment Between the Younger and Older Group (%)

Occupation (Before Addiction)**			Occupation (After Addiction)		
	<26 (n=41)	26+ (n=37)		<26 (n=41)	26+ (n=37)
Clerical	3 (7%)	1 (3%)	Clerical	2 (5%)	0 (0%)
Factory	2 (5%)	9 (24%)	Factory	0 (0%)	0 (0%)
Prostitute	0 (0)	5 (14%)	Prostitute	2 (5%)	6 (16%)
Service	21 (51%)	10 (27%)	Service	9 (22%)	7 (19%)
Drug Dealing	1 (2%)	0 (0%)	Drug Dealing	1 (2%)	2 (5.5%
Housewife	0 (0)	2 (5%)	Housewife	0 (0%)	3 (8%)
Student	3 (8%)	0 (0%)	Student	0 (0%)	0 (0%)
PR in Karaoke or Hostess	5 (12%)	9 (24%)	PR in Karaoke or Hostess	18 (44%)	17 (46%)
Unemployed	6 (15%)	1 (3%)	Unemployed	9 (22%)	2 (5.5%)

H. Drug-Use Life: Prostitution

There is controversy over the importance of prostitution for women drug users. Many studies (Anglin and Hser, 1987; Goldstein, 1979; Marshall and Hendtlass, 1986; Venema and Visser, 1990) show a correlation between prostitution

and women's drug use, while others (Inciardi et al., 1982; Taylor, 1993) believe that prostitution is not widely used by women to feed their habits. Of the nine informants, two younger and five older women had been involved in prostitution before they came to treatment. Many felt guilty and ashamed about prostitution but found it an easy way to raise money.

Two informants reported that they engaged in prostitution at an early age before drug-taking. They were attracted to the sex industry, partly for money and material comforts, and partly to follow their friends' behaviour.

> *"One day, one of my girl friends came to my workplace and chatted with me. She told me that she worked in a night-club. At that time, I was conscious that it was not good to do such things. I took up the job of dancing hostess because I felt that my present job as a restaurant waitress was low paid and wasted my time. First I worked two jobs: one in the morning and the other in the evening. Soon I quitted my daytime job because I felt that being a hostess was an easy way to make money. There was no time limit and I could wear pretty clothes." Elsa*

> *"It was very dull during the day and because I didn't have enough money, I called Frank who was John's friend. He was a pimp. He wanted to try me and I let him because I really wanted to have this job. He gave me a coat and two hundred dollars. The coat was expensive and pretty. I was very happy because no one had bought me expensive clothes before. Then I became a call girl. Some of the customers asked about my age and I told them I was fourteen. They were shocked. They didn't believe that I was so young." Helen*

As the informants became involved in drug-using behaviour, they also developed lifestyles which included raising money by prostitution or committing crime, being in and out of the treatment centre, and having fluctuating relationships with boyfriends and family members. One informant regarded prostitution as her last resort to earn money.

"I remember at one year, the price of heroin went up. My boyfriend's income could not afford our drug-taking. I went to work in the dance hall. I was not pleased with the work place. I had to face the punters, whom I didn't like. They were dull and trivial. Sometimes I saw the girls competing for the punters. I just wondered why. In my heart, I knew that I worked for the money to keep my habit. Just because I could not earn more money, I had to use my body. Every time I saw a punter, it really turned my stomach." Susan

Susan was very ashamed of what she did but prostitution was a last resort for earning money to buy drugs. She said that it never occurred to her that a drug-taking habit would draw her into such an unpalatable world. It is important to note that Susan's experience may be shared by other women with a similar background. They too may be filled with remorse at selling their bodies to support their drug use.

I. Drug-Use Life: Committing Crime

Study of drug use (Sutker, 1981) has shown that, compared to women, men were more likely to be involved in criminal activity to finance their drugs. Yet some women in the survey resorted to crime to sustain their habits, partly because of their association with criminal partners, and partly because of their association with triad activities. In the intensive interviews, four informants had been personally involved in dealing, theft, fraud and shoplifting. One woman became involved in criminal activities in early adolescence before being introduced to drugs. Having run away from home, Elsa joined with other teenage girls and they became delinquents. They were constantly on the look-out for chances to get money. Their actions were carefully planned. However, Elsa was scared that one of her peers would kill somebody unintentionally.

"We took an oath to share our joys and sorrows. At that time, I felt that we were very true to each other and they were very good to me.

However, I thought Amy was very cold-blooded. Each time we went robbing, I feared very much that she would kill somebody accidentally." Elsa

Rose took pills, started stealing and shoplifting when she was with her boyfriend. They were arrested and Rose pleaded guilty in order to protect her boyfriend.

*"After I went with John, I took even more pills than before. I took them everyday. We even did shoplifting. He took the goods and put them into my bag, and I gave them back to him. When I was alerted that someone had noticed, I ran away. I didn't want him to be in trouble as he had already been involved in a criminal offence and was under arrest, so I went back to look for him. However, I got caught. I pleaded guilty for his sake because he had helped me before. I didn't think about what would happen to me. In addition, as I had a clean record, I thought that they would just put me on probation. Immediately after the court hearing, they remanded me in the compulsory treatment centre. It was unfair. They didn't give me a chance." **Rose***

Criminal activity can be seen as both a means and an end. For Rose, shoplifting provided quick access to money to support her drug habits. Fanny had developed a sense of belonging to the triad culture so that she joined her triad brothers as a dealer. There was obvious power and satisfaction for her in becoming a female dealer. Fanny's recollections revealed her desire for power and control in the gang.

*"It came to my mind that if I chose to be a triad member, I should be prepared to die for them. Deep down, I was insecure and had low self-esteem. It was because I was a coward that my stepfather would bully me when I was young. Now I have to act like a strong person. The ring-leader always regarded me as the head of the "Troublesome Gang" because I often fought with other triads. I was proud because I was the only female dealer with other male triads in the district." **Fanny***

Fanny continued to express her ambivalent feelings about the dealing business.

> *"My triad brothers and I got such notorious reputations that the police always searched us. One day, a policeman asked for a bribe since he knew that we were pushing drugs there. He emphasised that if we did not give him money, he would make a false charge against us. Finally, I gave him money. My triad brother blamed me for giving him money. In fact, I hated this kind of living. I knew it would be a vicious cycle." **Fanny***

Alice, an older woman, justified her dealing as instrumental in achieving financial independence, material goods and family respect. She acquired large sums of money by selling heroin and urged her cohabitant to stop. He resumed a straight job for a while but very soon returned to the dealing business. In retrospect, Alice revealed her stress and anxiety about the dealing business:

> *"I never thought that being a dealer would harm others or me. The purpose was to maintain our [her cohabitant's and her] drug habits, to earn a huge profit, to buy material goods, and to get the attention of my family. The more money I gave them, the greater was their happiness... When I looked back, dealing was very stressful. I had never been like this and it drove me crazy. Whenever I went shopping, I had to look around many times; sometimes there were women or children who followed me on the streets. I was terrified. It was such a great stress." Alice*

J. Drug-Use Life: Compulsory Treatment and Imprisonment

According to the survey, a significant difference existed between the younger women and the older women in their experience of compulsory treatment. Of those who had been in compulsory treatment, 23 were from the group of older women and 6 were from the group of younger women. The young informants in the intensive interviews study had never been in jail for compulsory treatment. All older women had had bad experiences in correctional treatment. Firstly, they saw compulsory

treatment as a punishment rather than as an incentive to rehabilitation, since they were receiving compulsory treatment by the order of the Court. Secondly, compulsory treatment was mainly intended to reform a person by custodial control, vocational training or educational classes. The staff scarcely understood the problems of women drug users. Thirdly, the informants felt angry about this form of prison life, which deprived them of their rights and dignity. Susan said of her first day in prison:

> *"When I went to the prison, it was very dark. The staff directed me to the 'Fingerprint Room'. They strip-searched me. At that time, I felt humiliated when they touched my private parts. Ever since I grew up, that was the first time I had been molested. The staff started to count the number of tattoos on my body and marked it down. They also gave me a permanent number and it was XXX. (i.e., Every prisoner was given a permanent number which meant that he/she got the same number every time he/she was jailed)." Susan*

Susan and Elsa mentioned the restrictions in prison and how they felt humiliated by the Prison Officers.

> *"In prison, I resented very much being called by a number. The staff did not treat me as a person. They treated us like animals. Although we served them, they would not say 'thank you'". Susan*

> *"Life was really very hard in the compulsory treatment centre. It was because whatever I did, whether it was walking, standing, studying, eating, sleeping, it would be under surveillance. I felt loss of pride and dignity. Even when I was in the lavatory, I had to be observed by the staff. I would be punished by being made to copy books when I forgot to say 'thank you', or they would scold me very harshly. If I argued, I was sure that the staff would torture me to death, lock me in the pantry for a week and extend my stay for two more months. In order to pass the time more easily, I had to accept everything." Elsa*

Once Elsa and some other inmates stole cigarettes from the staff quarters and were discovered. The staff kept questioning them to find out who was the planner. The experience was terrifying:

"When I got into the room, the staff pushed me to the iron gate. Four of them caught my hands and feet. Then one of the staff walked towards me, holding a ruler-shaped knife in her hand. At that time, I thought I was about to die. However they only threatened me and beat my stomach several times... However, the lower part of another inmate was beaten, and there was blood on her chest and face too. We were sent to see the doctor. I lied to him that I hurt myself when I was playing basketball. Actually, I wanted to reveal to him the whole story, but I was afraid of being beaten again... I also feared that they would extend my stay. I learned to keep my mouth shut." Elsa

Jane was sent to the compulsory treatment centre because she had used psychotropic drugs. She resented being locked up, being deprived of cigarettes and being forced to learn sewing. But, like some other inmates, she conformed to the rules of the centre and developed good relationships with the other inmates. On the one hand, the inmates would do as they were told; on the other hand, they would just play with each other or even sneak drugs into the centre. After discharge, Jane learned how to use heroin from the friends she had met in the compulsory treatment centre.

"Once I entered the centre, the horrible staff nit-picked me. They said I was a young prisoner and didn't give me the right to smoke cigarettes. I argued back but they told me that, if I continued to argue, they would accuse me of not respecting the staff. Although I was angry, I did not dare speak a word. After going back to the room, I met Sue. She was good to her friends and I heard that she had been an agent to the staff. She consoled me not to think too much as things had already happened. For two months, I worked everyday and played after getting back into the room... I saw no difference between compulsory treatment and prison life." Jane

Susan spoke of a lesbian relationship that happened in prison. She was once assaulted by another inmate. She sought help from her friend, who promised to give her protection.

"After tea, we had a shower. We watched the telly at 8:30 p.m.. We had a snack at 9 o'clock. An hour after, we went to our rooms and

were supposed to go to bed. However, I saw some inmates kissing and fondling. I had two friends in the prison. I asked one who was a lesbian why they did this. She didn't give me an answer but told me to try once. One night, I was pushed down by three inmates and molested by one of them. I was angry and felt humiliated. I knew that I could not report to the staff since one of the girls was their agent. I spoke to the other friend. She said that she would find somebody to give me protection." Susan

The older informants did not see life in prison or compulsory treatment as rehabilitation, as it was intended, but as exploitation and maltreatment in a hierarchy of power. Their experiences, in many ways, represented the large group of women drug users in that their drug problems were not effectively addressed by punitive institutionalisation. The compulsory treatment policy in Hong Kong is based on certain assumptions about the social control of drug abusers. However, women drug users have their special problems and characteristics which require different models of treatment.

K. Drug-Use Life: Relationships with Men

The women in this study hunted for love and romance but became disillusioned with their partners or spouses. In their teens, many informants were well aware of inequalities in the male-female relationship. To identify with their peers, some girls chose to have sex with men at an early age. Others changed their boyfriends frequently in order to show their power and control in the relationship. It appeared that the girls knew the rules of the game and wanted to manipulate boys. They did not hold traditional values on sexual relationships but merely sought fun and pleasure. Relationships, part of love in puberty, were only a competition, a game and excitement. Helen and Rose reported their experiences from a young age.

"In the past, I thought I was useless and I had to give it [my virginity] away sooner or later, so there was no need to pretend! I don't have proper values, and I don't know what is right or wrong." ***Helen***

"When I danced in the disco, I got to know Ching. Afterwards I went with him. I did not give him my true love. I went with him just because we were of the same tune. I knew if I was too attached, it would be painful when we broke off. What I saw was that none of my friends could keep their love long. When they broke off, they just cried and cried. I didn't want to be like them. It was with such an attitude that I went with boys. I would never be fooled by boys." ***Rose***

It was such a contradiction that Rose fell in love with a boy but discovered that she was being cheated and exploited. To stop thinking about the unhappy relationship, she relied heavily on drugs and alcohol. She even burgled her ex-boyfriend's house as an act of revenge. She had this to say of the relationship:

> *"Eric once lied to me about being involved in criminal offences and asked me to give him HK$5,000 for the lawyer's consultation fee. Later, I found that he had spent the money on another girl. My heart was as painful as if it had been beaten. I swore that I would teach him a lesson. I was unable to reconcile myself. I took pills, crying and drinking alcohol all the day to keep myself numb. At that time, John and I were good friends. He disapproved of what Eric had done to me, and always accompanied and consoled me. I knew that he wanted to go with me. I took this opportunity to use him to make a good showing and so I went with him. We went to Eric's house to steal all his things."* ***Rose***

For some informants, relationships with men began with romance. A major theme in a relationship was the sense of power or attachment. Helen's boyfriend, a middle-aged ring-leader, provided her with status and material comforts. Jane was attached to her boyfriend but was left alone in the house.

> *"One night when we were at the karaoke, Ah Gi introduced a ring-leader to me. She told me that Brother Ming wanted to go with me. I said it was just nonsense. How would a ringleader feast his eyes on me? After a while, Brother Ming came and I was flushed. Ah Gi asked me to greet him, and he said directly that he wanted me. I told*

him not to make such a joke. Afterwards, he was very good to me. He paid all the bills for me whenever I went to the karaoke.... I remembered one day, he took me to the outlying island with his friends. When we arrived, I went swimming and shopping. He had a lot of sidekicks there. He didn't tell them who I was but they all addressed me with great respect. It was strange to me as I was so young and there were so many people respecting me. I was very happy." **Helen**

"I had no vision of my life when I worked as a dancing hostess. After I met him, he asked me to quit the job and live with him. I was so naïve that I thought he would treat me well and the good thing could last long. People admired me because I managed to get a good boyfriend, even in the indecent area. He could satisfy me with money and materials. To my disappointment, he would not do things as I liked and we were not as good as before. He went out with his friends but did not allow me to have night activities. He just employed me as a cashier in his saloon. He never paid attention to me. I saw this life no much better than that in the past." Jane

Elsa recalled having her first son when her boyfriend, who was already married, had left her to go back to his wife. She was aware of the stigma of being an unmarried mother. She suffered in the romantic relationship and resorted to prostitution to raise her child.

"I met a boy in the night club. He used different methods to court me. I started to date him and slept with him. Very soon, I found myself pregnant. I thought that he would marry me because of the baby. To my disappointment, he had already had a wife. My heart was broken. I found it too cruel to abort the baby. I lived at home but feared gossips by the neighbours. However, my tummy grew bigger and bigger. I couldn't accept being an unwed mother. Finally I went to the Mother Choice and gave birth to a boy child. My baby was cute and lovely. I couldn't abandon him. I took him to my mum's house and lied to the neighbours that his father was a seaman. I worked in the night club and gave money to my mum for child-minding." Elsa

Living in the same social environment, women drug users associated easily with male addicts. At the very beginning, the women depended on their men for money to purchase drugs and injections. In times of difficulty, some women were persuaded by their men to engage in prostitution to support their drug use. Wellisch

et al. (1970) called this the "easy rider syndrome", which described the low risk for the men of raising money this way. However, some women resented this and the quarrels over money and responsibility turned the mutually supportive relationships into sour and hostile ones.

> *"I told Bill that I took heroin; however, he told me that he was taking it as well. Therefore, we lived together and we took heroin very frequently. After we got addicted, we were always worried about heroin. He was very smart in pushing drugs and earned money to support our habits. Finally, we were at the end of our tether and he argued with me very frequently because of heroin." Elsa*

> *"My boyfriend told me that he had borrowed money from the loan shark. So I asked mum for HK$10,000 and gave it to him. On my birthday, he gave me a bracelet as a present. I was very happy. Now I realised it was my mum's money and he had cheated me. He even pushed drugs in XX district. Once I paid a visit to him and the police stopped me and told me not to associate with him because he was a drug addict. I did not believe their story. Later, he persuaded me to be a hostess but I refused. He even took me to the supermarket and went shoplifting. I was prosecuted by the police twice in that year. I often quarrelled with him." **Lisa***

The younger women differed significantly from the older women in their drug history and experiences of methadone out-patient treatment. Presumably the factor of drug history is related to their age. The young clients reported a short drug history whereas more than half of the older women had been taking drugs for periods of 6 to 20 years. It seemed that the older women had registered for the out-patient methadone programme but they benefited little from the treatment in relation to staying off drugs. In cases where one partner came off and abstained from drugs, it weakened the "heroin relationship". Fanny contrasted the beginning and end of the relationship with her boyfriend. She was first introduced to drugs by her boyfriend, a ring-leader who pushed drugs in the district. She became involved in her boyfriend's dealings and got into trouble with the police. Every time her boyfriend

went to jail, whilst waiting for his discharge, she would continue his dealing business. Fanny was upset and disappointed when her boyfriend weaned himself off drugs and changed his lifestyle. She tolerated this unsatisfactory relationship for a while and, finally, chose to leave with a broken heart.

> *"Ah B was very upset after his mother's death from a serious illness. Ah B was able to come off drugs. His brothers spoke ill of me. I had attempted to withdraw from drugs but failed. I became a club girl again in the night-club in order to support my drug habit. I had nothing to say to him because I took drugs and he didn't. Although we slept in the same bed, we had different dreams. I always took drugs with other drug addicts. I injected heroin for many times to escape the pain... Once Ah B made love to me, I felt that I was no more than a prostitute and cried. He saw me crying and said that I could refuse if I didn't want to. I was very much upset. I had used drugs under his influence. He changed a lot and became self-centred. He could not trust me anymore. I thought that we had been together for a long time and we should have affection if we did not have love. I thought I had known him well. To my disappointment, he was not concerned about me."* ***Fanny***

The narratives revealed how extensively some informants were abused and exploited by their boyfriends when they were on drugs. Rosenbaum (1981) writes of a "heroin relationship" between an addicted couple, which provides them with a mutual interest and joint effort in feeding their drug habits. However, we need to broaden the definition of a "heroin relationship". The informants often felt bored and lonely. They got involved in relationships with male addicts in order to escape from the sense of emptiness. The relationship also put them into a devastating situation of exploitation. The problem was that they had intense feelings after separating from their addicted boyfriends. For some of the research participants a "heroin relationship" meant the gratification of certain psychological needs.

L. Drug-Use Life: Family Relationship

Drug use for the informants in this study had a double meaning. One was to escape from their ordinary lives, which they found dull and boring. Another was to seek euphoria and excitement. All the women had experienced a certain level of frustration, and/or physical and emotional neglect in their childhood. Four women (Elaine, Elsa, Fanny and Rose) developed a low self-image owing to their father's drug use, family poverty, divorce or bereavement. Three (Lisa, Helen, Susan) became wild and manipulative and their parents could not control them. Jane and Alice, the older informants, remained submissive but repressed their anger, sorrow and disappointment. It was not difficult to see how the women would try in every possible way to leave their families and to exert control and independence in their adolescence. It was a desire for their boyfriends' care and love that drove four young informants and one old informant to become hooked on drugs. The consequences of drug use were conflicts with their families, trouble with the police and self-destructive behaviour. Helen, aged 15, had temper tantrums and manipulated her parents in a struggle for freedom and independence.

> *"My parents had no choice. They agreed that I had grown up and should have my own world and they hoped I should behave properly. However, when I didn't come home, they were very angry. They knew that they couldn't take hold of me, so they encouraged my brother to supervise me and to see if he had any methods."* ***Helen***

Helen's parents found out about her drug use, and they coerced her to seek treatment.

> *"Finally, my family discovered that I took drugs. They advised and encouraged me. My dad made the enquiries and accessed a voluntary drug treatment centre. I was not ready for treatment. I left home for two weeks. My parents found me. My dad knelt down, took my hand*

and pleaded me to seek treatment. Then I entered into this treatment centre. Looking back, I was like a wild horse...but with deep scars."
Helen

Similarly, Rose and Elsa received family support when one was remanded and the other was imprisoned in the compulsory treatment centre. It was evident that the informants valued their family's concern. Elsa was impressed with her brother's regular visits but relapsed into drugs a year after discharge. Her reason for relapse was her re-association with addicted peers. Rose thought that taking pills was not a serious offence. She resented being remanded to the compulsory treatment centre. Her mother convinced her that she should opt for treatment in a voluntary agency. The following are excerpts about family support which the informants received after they were locked up in the prison.

"After my family members knew that I was sent to the prison, they didn't blame me. Rather, they encouraged me. My father, brother as well as sister-in-law visited me. I was very impressed. My brother visited me every week and encouraged me to turn over a leaf after the lesson." Elsa

*"After the court hearing, I was remanded to the compulsory treatment centre. It was unfair. They didn't give me a chance... I asked mum to seek help from a lawyer. She visited me every day and always worried that I would make trouble. When I saw her, I told her what I had done. I was very ashamed. I started to realise that mum was nice to me. I regretted letting her down. In the 14 days, I was convinced that I should seek treatment from a voluntary agency. I told myself not to take pills anymore." **Rose***

Susan reported that the re-use of drugs exacerbated her relationship with her family. She told lies and lost her temper when her mother refused to give her money.

"I was getting thinner and thinner. My family suspected that I used drugs again. Whenever they asked me whether I was using drugs, I denied it. They stopped giving me money. I had to borrow money

from my friend. I borrowed from her twice but felt embarrassed about asking her again. I forced myself to ask for money from my mum. When she refused, I played temper and blamed her for not giving me money to find a job. She scolded me but gave me the money." Susan

Fanny felt hurt after breaking off from her boyfriend. She used drugs and drank heavily to destroy herself. Her mother noticed that she was re-using drugs but kept silent. She felt sad when her daughter had emotional outbursts.

*"Once I was drunk and went home to find my mum. I cried very loudly. My mum saw my plight and asked the reason. When I saw her, I had compunction. I felt sorry to her. I had suppressed my feelings too long. I had cried for two hours and then left the house. Just before I left, mum told me not to drink too much. I could see from her eyes that she was worried about me. I felt sorry for her. She did not question me. In fact, my mum knew that I used drugs. She did not mention it when she saw me." **Fanny***

As noted earlier, the open-ended questions were designed to examine the change process of the research participants. A total of 68 women gave their views about their family relationships before admission. The older women were conscious of how their drug-habit made them drift away from their families and neighbours. The following summarise their struggle in and ambivalence about their family relationships:

"I felt guilty when facing my family members. I lost confidence towards people and myself."

"My family members considered that I was immature. They didn't like me to take drugs."

"My family members were disgusted by my addiction habits. They didn't care much for me. They avoided me as they thought that I would ask them for money. Moreover they felt that I ruined the family reputation."

Two older women reported that their children disliked their drug habit. One woman said: "*My children didn't care for me, but they did respect me.*" The young women felt that their families disapproved of their drug use and some blamed their families for being aloof and unconcerned. Three felt that they had let their families down. One said that: "*no one was good to me except my family members.*" A total of six younger women and three older women sought treatment with the encouragement of their family members; mothers, children and husbands.

From the statements offered by the intensive interviews and the open-ended questions, the picture shows that parents saw treatment and rehabilitation as a solution to the young research participants' problems. Compared to the older women, it was more likely that the young women would seek treatment with coercion or encouragement from the family. Many older women experienced conflict with their families, partly because they failed to stay drug-free after several attempts at treatment, and partly because there was cultural bias on the family when one member developed a drug habit.

6.4.5 Motivation for Treatment

The findings on treatment motivations in the survey and the qualitative study were consistent. Table 6.8 presents the clients' motivation to seek help from the Women's Treatment Centre. The mean scores of the interviewees in the variables "fear of the police" and "worries about health condition" are 3.09. The motivation items, according to Murphy & Bentall (1992), can be classified as "external constraint" or "private affair". A T-test on the external constraint score was significant (-0.24) in distinguishing the younger age group from the older age group

since young clients reported that they were under family pressure. The adult clients, however, were motivated by the negative effects of heroin. The reason why they entered treatment was that they were not satisfied with the quality of heroin in the drug market.

Table 6.8: Comparison of Motivation between the Older Age Group and the Younger Age Group

	Under 26			Over 26				
	n	M	SD	n	M	SD	t-value	2-tail Sig
I am worried about my state of health	41	3.09	1.22	37	3.62	1.30	1.84	0.070
I am afraid of being caught if I continue	41	1.78	1.03	37	2.24	1.43	1.62	0.110
My family forced me to seek treatment	41	3.78	1.27	37	3.12	1.27	2.30	0.024*
Drugs are not good quality, Mixed with other substances	41	2.46	1.36	37	3.46	1.15	3.50	0.001**

Note: * $p < .05$ **$p < .001$ ***$p < .0001$

6.5 Other Results from the Open-Ended Questions

6.5.1 Self-Perceptions

The responses to the open-ended questions about their self-perception before treatment indicate a difference between the older and younger informants. One should note that only 68 women replied to the open-ended questions. A total of 22 out of the 30 older women disliked themselves and could not face other people. They saw themselves as *"useless"*, "*dirt*", "*a ghost*", "*a living dead*" or "*a money machine*" and "*could not raise their heads on the street*". Four older women found life *"dull and meaningless*". Many believed that their drug problem could never be cured. One woman was concerned about her state of health since she could not inject heroin into her bloodstream, which was clogged. One was afraid of being caught by

the police and the other considered treatment a waste of time. Still, two thought that they were capable and self-reliant, nothing could control them. Compared to the group of younger women, more from the group of older women considered life hopeless and saw themselves as worthless. They had a low expectation of life and success in recovery was remote to them.

Of those 38 in the group of younger women, 18 considered themselves "*useless, bad, lousy, inferior, hopeless and miserable*". Life to them was "*grey, boring, pessimistic, aimless and meaningless*". Six saw themselves as "*hopeful, capable and helpful*". Five insisted that they were autonomous and independent, so they should do whatever they liked and nothing could stop them. Four thought that drug-taking was their personal problem and that there was nothing wrong; three never thought about the consequences of drug taking. Two got an empty feeling and only one felt sorry for her family.

6.5.2 Impact of Drug Use on Others

In response to a general question about their perceptions of and feelings towards others, younger women talked more about friends and peers than did the adult women, who mostly mentioned their families. An awareness of the social stigma attached to drug users was illustrated by the following remarks from the informants.

> *"People looked down on me and thought that I was very bad."*
>
> *"They were sincere to me on the superficial level but being practical inside."*
>
> *"They did not understand me and tried to avoid me."*

"People felt that I was a bad girl and they hated a drug user like me."

"I felt self-debased when ordinary people looked at me."

In the world of addict culture, the young informants remarked that other addicts were "*pragmatic, cunning and money-minded, trying to use each other and there was no sincerity at all*". Two teenage informants felt that their friends were "*true, good and fair*". Similarly, some older informants realised that their addicted peers came to them just for drugs and money. One adult informant said: "*I managed to avoid them (the addicts). They could use all tricks to obtain drugs. I really hated them.*"

The results from the open-ended questions reveal that the longer the older women involved themselves in drug use, the lower was their self-esteem and confidence in treatment. As they were aware of the social stigma associated with drug use, they derived a pessimistic view of treatment from a culmination of life events. In contrast, more younger women revealed their hopes for treatment and rehabilitation in their descriptions. The findings further supply meaning to the significant negative correlation between age and motivation for treatment in the previous discussion of the statistical analysis.

6.6 Discussion of the Results from Quantitative and Qualitative Data

As noted in Chapter 3, Lex (1985) suggests that there is a high incidence of alcohol problems among younger and lower-class women who have relationship problems. This is confirmed by a common pattern in the findings, which shows a group of young Chinese lower-class women using drugs as their coping strategy. Both C.R.D.A. and S.A.R.D.A. statistics (1997) indicate that male and female drug-

abusers came from lower-class families, as over 60% of them lived in public and aided rental blocks*. In viewing their age of first use, the mean age of newly reported drug abuses amongst males is 20.1 and among females is 18.2 in 1993 (Narcotics Division, 1997). It seems that, compared with men, Chinese women drug users in Hong Kong are younger when they first use drugs. There is also evidence, particularly from the intensive interviews and document reviews, that informants experimented with drugs during adolescence. The international research findings only partly explain the women drug users' situation in Hong Kong. Finally it should be noted that drug problems may be an issue for upper-class children, but Chinese parents, to save face, would send them away or support their drug use financially.

Peluso & Peluso (1988) mention "situational stress" and "cultural pressures" in the majority of chemically dependent women. The qualitative data from the intensive interviews and document reviews provide full descriptions of the social and cultural pressures on the informants. As children of alcoholics, gamblers and drug users, many informants in this research had adverse life experiences and related psychological problems. They had grown up in traditional families with dysfunctional roles, rules and behaviour. The cultural values of "filial piety" and "self-restraint" influenced the informants' identity positioning as some informants performed the role of "obedient" daughter in order to meet their parents' demands. Childhood and adult abuse were reported by women who received treatment in several studies (Marsh & Miller, 1985; Hagan, 1988; Harrison, 1989). The findings in the survey show that 23 women reported their experiences of childhood and adult

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* From the late 1960s onwards, the Hong Kong Government launched a public housing scheme for families with low incomes.

abuse. During the intensive interviews, four informants recollected their experiences of physical and sexual abuse in the family. They expressed anger, hurt, weariness and disillusionment about their parents and the family situations. As they grew up, they turned to their peers for fun and enjoyment, gratifying themselves with parties, dances, drinks and pills. To link up the various meanings of drug use for the women at different stages of their treatment, the analysis and interpretation of the cultural identities and drug use will be covered in Chapter 10.

The different backgrounds of the adult and the younger women are related to a number of significant changes in education policy, social provision and drug treatment services, which have taken place in Hong Kong since the 1960s. Compared with the older women, younger women are more likely to be involved in multiple substance abuse. They experienced more incidents of running away from home, getting into trouble with the police and being placed in a girls' home. However, as a group, the younger women were in a more favourable situation in regard to their educational levels, career skills and short drug history. Many of the young interviewees sought treatment from the W.T.C. at the insistence of their families or by Court order. All the older informants had been forced into compulsory treatment once or twice. The personal cost of long-term drug use for the older informants was imprisonment, poor health, loss of family support and learned helplessness. This suggests that it is important to design programmes that address the specific issues of the older and younger women drug users.

The data from the open-ended questions reveal that there were cultural meanings for the research participants in evaluating themselves and their drug-using behaviour. Over half of them saw themselves as "useless" and "hopeless" and considered life boring and meaningless. In their interpretation, the drug addiction problem was seen as a moral issue, since they were aware of the social stigma and the impact on their families. This may suggest that the older women's self-esteem and confidence in treatment diminished the longer they were involved in drug use. This may be attributed to an accumulation of situational stress, cultural pressures and unsuccessful experiences of treatment. The reason why some older women sought treatment was that they were afraid that they might die as a result of taking low quality drugs. In contrast, the group of younger women revealed their hope for treatment and rehabilitation in their descriptions. They were coerced by their family members and the Court to receive institutional care.

CHAPTER SEVEN

TREATMENT EXPERIENCE

7.1 Introduction

This chapter has three objectives: firstly to explore the meanings of the treatment experiences from a study of the research participants' information; secondly to understand the W.T.C. culture as perceived by the staff and residents and thirdly to investigate the roles of social workers and recovered staff. The early part of this chapter is the narrative of Diane's experiences during treatment. The monologue shows her thinking and the subjective meaning of events and circumstances. This is followed by an analysis of the research participants' experiences organised around stages, events, themes and patterns. They all participated in communal life, group counselling, social relationships, leadership training and other activities, but displayed different responses to the programme. A comparison between the younger and the older women sheds light on their specific issues, concerns and needs for treatment. For some women, their lives in the W.T.C. were significant for their change and transformation. Others reported that they had merely followed rules and regulations. The later part of this chapter is concerned with the staff's and women's views of the W.T.C. culture. This reveals how the staff and residents make sense of the organisation and adapt their behaviour accordingly. Finally, the views of the social workers and the recovered staff on their roles of care and control are presented.

7.2 Results from the Intensive Interviews

In analysing oral histories, Riessman (1993:33) points out that detailed attention should be given to language. The Chinese language, in particular, is vague and non-specific. In the qualitative study, the informants were eloquent in describing people and events but seldom expressed themselves in abstract concepts or words that express feelings. To present the qualitative data, I translated spoken Cantonese into a written English form, using simple English words which were close to the Chinese meanings. For this reason, the translation may seem somewhat awkward in places since certain English words may not ordinarily be used in a particular context.

7.2.1 Single Case Analysis: Diane's Development

The first and second intensive interviews with Diane took place 7 months and 11 months after her admission to the W.T.C.. Prior to this treatment, she had joined a three-week detoxification programme but had relapsed into drugs immediately after discharge. At that time, her boyfriend had recently been released from the prison and had stayed off drugs. They were together for a while before her re-admission. As Diane recalled,

> *I promised my mum that I would wean off drugs by seeking treatment. I was happy to see my boyfriend again. So I changed my mind on treatment. One day, my boyfriend encouraged me to seek treatment. He was worried that his dad might know about my drug use and blame him. He then disappeared. I lost contact with him. That's why I came to this centre.*

During the detoxification process, women drug users experienced different levels of craving for drugs, depending on the severity of drug addiction. Diane had

been a serious addict who had used a great many pills, tablets and heroin. This explained why she experienced great discomfort during detoxification. She suffered so badly from withdrawal symptoms that she felt numb in her limbs and muddled in her mind. Her convalescence in the Detoxification Ward could have been extended but the nurse complained that she was uncooperative. The Medical Superintendent gave instructions to transfer her to the Rehabilitation Ward.

For many newcomers, a response to the restricted and structured rehabilitation environment is to run away. Diane was assigned to the task of explaining the nursery book in the morning meeting. She felt weak and could not accept the intensive programme. She joined two residents in a plan to run away. This was discovered by the staff. She reported what happened:

"One day, two friends who were in my same batch, told me that we could run away during an outing. However, the staff keep an eye on new residents. One suggested to me that I should put a cleaver on her neck and threaten her for the house keys. I told them the staff would know that it was a set up as we had a good relationship. I proposed to snatch the three-year-old boy and run away from the centre. Next day in the morning meeting, the staff and residents confronted us about our plan. The boy's mother scolded me for intending to hurt her son. My Big Sister• said I was a wicked and evil woman. I pretended not to care. However, I dared not look at my key social worker directly. I felt ashamed."

One basic rule of the W.T.C. programme is to punish and correct the disturbed behaviour. The staff and residents will show support for those who make

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• "A Big Sister" is assigned to every newcomer to the Rehabilitation Ward. The Big Sister is the senior resident with positive attitude and proper behaviour. Her role is to provide support and assist the newcomer to understand the philosophy of the W.T.C. and the meanings of each individual and group programme.

change. After the meeting, it was decided that Diane's privileges of outings, family visits and buying candies were to be suspended. She received support and encouragement from her social worker and some of the recovered staff. However, she felt that her Big Sister had rejected her. A short time later, her big sister said to her that, despite her misbehaviour, she found that she was not a horrible person. Her Big Sister supported and encouraged her to set a target of behaving well in order to earn her privileges. Reflecting on the incident, Diane reckoned that she would have relapsed into taking drugs if she had run away successfully.

The structure of the W.T.C. provides an opportunity for the clients to relate to each other. The social interaction process heightened Diane's awareness of her behavioural patterns and the destructive family relationship. In the two intensive interviews, Diane recounted her progress and learning in the treatment centre. Diane was close to one recovered staff and her key social worker. She admired one recovered staff who had been a triad member but had been totally transformed. It was also evident that she valued her relationship with the social worker,

> *"Before I came for re-admission, I felt that my social worker was always nagging me. In the Rehabilitation Ward, I had to submit an application to see my social worker. Although I made a big mistake at first stage, she encouraged and supported me for earning the privileges. She made contacts with my family and arranged their visits. During the interviews, she pointed out to me that I often looked for failure and frustration. She reminded me to think about the problem clearly. Often after I saw her, I would use her words to talk to other residents and help them analyse their problems."*

In the Transactional Analysis Class, Diane learned that she had received messages of "Don't be yourself" and "Please me" from her parents. She analysed how her parents' behaviour shaped her mind:

> *"In my growing up there was much more emphasis on filial piety. That's why I tried to put up with my parents and to live up to their expectations. They wanted me to take care of my brothers and to earn money. I thought that was a little matter. Over the years I suppressed my feelings. As I grew up, I could not hold on my feelings. First I drank alcohol, then I took pills and lately I became hooked on heroin. Now I see a link between my drug use and my Dad's drinking problem. My dad used alcohol to consume his body and to escape from reality. He told me that he felt lonely and incapable, and found it difficult to make change. With his influence, I was made to feel helpless and inferior."*

Over six months, most women acquired "habitual" life patterns so that people, rules, norms, therapeutic language and the setting are all familiar to them. Diane's progress quickened after seven months' stay. This was because she was promoted to Stage 2 and her privileges were restored. She was active in establishing relationships, participating in the Encounter Group and involved herself in the daily activities. The following excerpt reflects her changing perceptions of people's criticisms:

> *In the past, I could not accept criticism, whether constructive or destructive. The reason was that I suppressed my feelings and I would think that they were just persecuting me. Now when people criticised me, I stopped the negative thought of being persecuted. After a while, I would talk to the person and ask them the meanings of the criticism.*

One significant event for many clients in the W.T.C. is the experience of leadership. There is a double meaning in a leader's role: being responsible for

oneself and responsible for socialising the junior residents. One month later, Diane was promoted to Head of the Kitchen Section. Caring for the section and crew members became the focus of her leadership experience. She found that she was easily accepted by her crew members. She carried a lot of responsibility in supervising the kitchen work and taking care of the members. At one time, half her crew members were unwell. She blamed herself for neglecting them. She expressed joy at leading the Kitchen Section:

> *"I took pleasure in looking after and supporting the crew members. We were close to each other. I felt happy to live here. Yet the staff said that I was too soft to others."*

One issue for Diane was her way of coping with failure and frustration. Diane decided to complete the four stages. When her application for promotion to another stage was turned down, she lost her temper and quarrelled with a Section Head. One recovered staff pointed out her extreme character,

> *"Ms. X said that I could go to extremes. It appeared that I was quiet and silent in the Centre. Suddenly I became very impulsive. She advised me to learn how to cope with failure and frustration. It's my pattern that I would give up on a little fault although I had done very well."*

Diane's attachment to her boyfriend was another issue. Diane knew that her boyfriend had relapsed into heroin use because her brother had told her this during a family visit. She spoke of her boyfriend:

> *"I always thought about him. We've been together for 6 years. Despite his drug habit, he was nice to me. He knew my family poverty. He would give me half of his money to buy foods. My dad was too lazy for work. Compared to my dad, my boyfriend is a*

responsible person. I know that I would put myself in a risky situation if we come together. However, I could not forget him."

Diane's narrative spoke of the events and circumstances in her treatment process that evoked fear, frustration, joy and confusion: thought of running away, experiences with confrontation and encounters, consciousness of family's influences, learning to accept criticisms, relationship with staff and residents, taking up leadership roles and rethinking her relationship with her drug-using boyfriend. It can be seen that the early childhood experience set the stage for Diane's coping strategies in terms of cognition, behaviour and social relations. In the treatment setting, peer support, staff values, leadership roles and learning psychotherapeutic language provided her with an altered state of self-consciousness. Diane's story can be used to illustrate certain experiences common to other women. However, the women responded differently to the treatment programmes as there were individual variations in social backgrounds and personal characteristics. As a result, they gave different meanings to their treatment experiences. The following section seeks to uncover the subjective interpretation of the reality, the dynamic process of change, the culture of the W.T.C. and the atmosphere of change.

7.3 Results from the Survey and the Qualitative Study: Towards the Process of Change

In Chapter 4 it was mentioned that De Leon's stage model of the internalisation of treatment in a T.C. setting is characterised by progress from compliance, conformity and commitment to integration. I contend that this model of change is only one way of describing the treatment process. Husserl's idea is that one should avoid the constraints of theories and models in order to capture the

essence of consciousness (Stapleton, 1983). In the empirical study of the Chinese women drug users, other themes such as family beliefs, drug culture, peer influence, staff's values and the consciousness of self seem more important than the factors of compliance and conformity at the early stage of adjustment. To provide a broad view and deep understanding of the women's process of change, two sets of data are presented together. The data from the structured questionnaires and from the intensive interviews and documents are combined.

7.3.1 Qualitative Study: Stage 1 (1-3 months)

Three core themes characterised the early stages of the women's treatment process: the influence of peers, the use of survival skills and resistance to confrontation. Each informant experienced an approach-avoidance conflict in finding a place in the W.T.C. setting.

In the Detoxification Ward, three beds were allocated to women who had chosen the short course and six beds were for those on the full course programme. As they shared the same detoxification period for 3 to 4 weeks, they became close to each other. The following narratives illustrate positive and negative peer influence:

> *"I made friends with XX in the Detoxification Ward. Her husband received treatment in the male centre. She applied for a full course. My boyfriend was still in prison. To accompany her, I chose to transfer to the full course." Susan*

> *"I became close to 2 girls in the Detoxification Ward. XX told me that she had come here before. People in the group always criticised each other. This scared me. One night, XX stole the keys from a nurse who had fallen asleep. Three of us ran away from the centre. We went to XX's house. They taught me to inject heroin. Next day I went home. My mum told me that the Centre had reported the case to the police. She persuaded me to seek treatment again, or I will be put*

in jail. I had no choice and came back to the centre. One month later, my social worker accompanied me to the Court. I was put on probation for 2 years." ***Lisa***

"We shared cigarettes in the Detoxification Ward. Sometimes we kept the sleeping pills and wrapped them up in a cigarette paper. We inhaled this in the toilet as a nostalgia of the feeling of inhaling heroin." *Elaine*

The development of survival skills is the second theme. In the Rehabilitation Ward, there was pressure for the informants to participate in the individual and group programmes. As the younger informants resisted being controlled and disciplined, the idea of running away always came to their minds:

"I tried to persuade my Probation Officer to let me out. She did not accept this. I thought of running away during an outing. I knew that I would not succeed." ***Rose***

"The first time I went out with the staff and other residents for a picnic, I thought of running away. Then I walked very fast. I hesitated. I knew my family would be disappointed. Suddenly I heard a member of staff call me back." ***Helen***

Once their plan to run away had been defeated, many younger participants followed the rules and regulations of the Centre. They participated in the daily activities, and in individual and group counselling with the sole purpose of gaining promotion to another stage.

One barrier for some older informants in accepting the values of the W.T.C. programme was their past experience of compulsory treatment. For example, Elsa remarked that she would first observe the staff and the place. Compared with the life in the compulsory treatment centre, she felt very much restricted and miserable in the W.T.C. setting. She told her social worker a lie that she had two boyfriends rather

than of one. She imagined that her social worker would act like a prison guard and make a secret report. She recounted her experience:

> *"It took me three months to go to Stage 2. I got bored in the centre. I did not like to talk, laugh and joke with the residents. In the compulsory centre, I was allowed to lie on the bed after 7 o'clock and talk to other in-mates. Here we weren't allowed to lie on the beds before 11 o'clock. I felt very much restricted. When I sat in a bad manner, the senior residents would remind me and correct my behaviour." Elsa*

The third theme was that of a resistance to the encounter group. Many informants experienced a shock when first participating in the encounter group. Rose was upset when one resident accused her of seeking attention. As with many new residents, Rose reported how difficult she found it to label her feelings:

> *"I did not know how to express my feelings. I was not used to terms or concepts. I preferred to describe the events. I didn't know the meanings of terms and how they were used." **Rose***

After a few sessions, Rose became aware of the meanings behind the Encounter Group. The recovered staff deliberately provoked her feelings by talking about her family. She worked out a pattern of her character, peer pressure, family relationship which linked up to her way of coping:

> *"I felt lonely in the house. I wanted my mum's attention. I could easily get bored and liked to save face. I found it difficult to refuse my peers. The reason I took pills was that I was afraid of boredom. I was a person who easily felt hurt, became impulsive and lost my temper. Then I would either take pills or fight with others." **Rose***

Another significant change occurred when Rose's social worker gave her two contracts at the second phase of Stage One. As she recollected:

"I was bored at Stage 1 Phase I. I saw that people have many contracts but I did not have any. I just watched Telly in the evening. I became alive after being promoted to Stage 1 Phase II. I felt that I should do something. My social worker gave me two assignments: dating and disciplining myself. I liked to have specific goals which I could work on."* ***Rose***

The older residents were resentful of confrontation and criticism. Despite this, many conformed to the T.C. norms for survival. Elsa recalled that she had reminded one resident in the morning that she should act to fulfil the Centre's requirement. Actually she felt sorry about hurting the resident. She recollected her first learning from the encounter group:

*"When a recovered staff gave me a grey stamp in the Detoxification Ward**, I was very unhappy. Ms. XXX said that I was only pretending to adjust to the programme. Other residents said that I had nostalgia for the prison life and was institutionalised. I did not feel that way. I felt that they just humiliated me. I was upset and became quiet for a whole week. Then a senior resident helped me analyse my problem. It dawned on me that I always liked to please others and ignored my own needs." Elsa*

Susan's account of her experience in the confrontation exercise demonstrated her Chinese way of expressing feelings. She was confused about the terms arguing back, explaining and expressing feelings:

"In the confrontation exercise, my friends came together and confronted me. I should give them my response. I told them how I thought and felt in the event. They accused me of arguing back or explaining things. When I saw my social worker, I told her my way of expressing feelings. I believed that one could express their emotions with certain levels of explanation. I tried to describe the events. I didn't think that feelings could be totally represented by crying or acting out." Susan

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* Usually the social worker would give the residents work assignments which were in a form of written contracts

** In Transactional Analysis, stamp means the message given to others. Gold colour means an appreciation whereas a grey one is a criticism

Of the nine informants, three younger and two older informants saw that the encounter group gave them a chance to reflect on their drug-using lives. Others admitted that they obeyed orders and instructions but hid their true feelings about the programme.

7.3.2 The Results from the Survey: Personal Growth Ratings

The vast majority of the sample in the survey scored below 2.50 (on a scale of 1 to 5) on the item of "open to constructive criticism" (See Table 7.1). The low ratings revealed their resistance to confrontation and aggression, in part because they interpreted the comments as insults and humiliation, and in part because of the ingrained cultural beliefs that one should not express hostile or aggressive feelings in public.

Table 7.1: Means and Standard Deviations on Personal Growth of Women Aged Under 26 and Aged 26 and Over

	Under 26 (n=42)		26 and Over (n=37)		
	M	SD	M	SD	t-value
-Reads & writes adequately. Also feels OK about this	3.80	1.17	2.84	1.44	3.27**
-Can take directions	3.76	.78	3.32	1.27	1.81
-confident on outside, act as if	3.49	1.03	3.03	1.30	1.74
-Thinks of consequence, make plans	3.05	1.02	2.62	1.09	1.79
-Controls expression of feelings when necessary	3.05	.95	2.65	1.16	1.68
-Has to become close to some peers in the house	3.98	1.06	3.49	-901	2.18*
-Has to become close more than one staff	3.66	1.04	2.92	1.28	2.82*
-Open to constructive criticism	2.49	.98	2.65	1.16	-.66
-Is working on necessary steps towards career goals	3.66	.94	3.27	.96	1.80
-Creative Problem solver	3.00	.98	2.57	1.07	1.87

*p <.05. **p < 0.01. ***p < 0.001.

One point that deserves special attention is that all subjects scored higher than 3.00 in the dimensions of personal development (e.g., take directions, control expression), social relationship (e.g., closeness to peers and staff); and the readiness for discharge (e.g., make plans, and setting career goals) (See Table 7.1). The older and younger client groups are differed in their scores of: 1. becoming close to some peers in house, 2. being close to one member of staff and 3. performing adequately in reading and writing. The following section supplies information about these differences.

7.3.3 Qualitative Study: Stage 2 (4-6 months)

The momentum of change was rapid once the informants had been promoted to Stage 2. There were three important meanings for them at this stage. Firstly, their participation in individual and group programmes provided an opportunity for them to develop coping strategies. Secondly, many participants began to resolve their family relationships after they had gained an insight into their family dynamics. Thirdly, their relationship with peers and staff became a source of social support.

For the young participants, their coping strategy involved a mind change. Rose admitted that her first goal was to fulfil the centre's requirement. Then she set up another goal to broaden her mind by understanding and learning the meanings of the programme. Her way was by reflecting and questioning:

> *"I had assumed that there was no problem in taking pills. I reflected on my thought. Why did I take pills? If that was not a problem, why should I be sent to this treatment centre? A lot of staff and residents told me that there was no difference between taking pills and using heroin. Our purpose of using drugs was the same. Then I wondered why. Perhaps we all used drugs to escape from reality. I might have*

*certain personality traits and coping similar to them.. I continue to think about these. I knew that taking pills may be the first step. Then I shall switch from pills to heroin." **Rose***

In the treatment centre, emphasis was placed on the woman's active and independent role. Rose acknowledged that there was a norm in the Centre, which pushed her to think about drug problems and the past events. In the trial and error process, she realised that she had to face the reality and learn new ways of dealing with stress and anxiety.

*"There was a lot of pressure in this centre. I experienced the ups and downs. Sometimes I wanted to be good and tried my best. Sometimes I felt tense and stressed. Sometimes I was afraid that I could not cope with unexpected change. I found it very difficult and talked to the residents. It seemed that I was quite confused. Sometimes I felt that I was helpless, isolated and no one would offer help and I had to manage on my own. Despite all these feelings, one way out was to rely on my rational thinking. There were many things which I had to face independently." **Rose***

In her awareness of being cheated by others in the outside world, Lisa made a resolution to develop the power of good judgement.

*"I just wanted to understand the underlying message of others. I could be easily satisfied if someone had treated me well. I didn't know how to judge a person, whether their words had double meanings or they had ulterior motives. I wish I could learn about these in the centre." **Lisa***

Lisa emphasised that she learned to be active and independent in solving her problems from the Transactional Analysis class. She reflected:

*"As I grew up, I blamed my mother for not taking care of me. I didn't realise that my family always protected me. Now I should learn to face things on my own." **Lisa***

The coping strategy for Elsa, an older woman, was a change in her way of expressing emotion. In the past, she had learned from her father's way of coping by resorting to alcohol and violence whenever she experienced emotional stress. She compared her past and present ways of coping as follows:

> *"If I had feelings, I would beat the wall or attempt suicide. Now I gave up the past patterns. I would divert my attention to work, crying, drinking water, venting and handling my feelings at the appropriate time." Elsa*

Jane reported how she learned to resolve her feelings of anger about her mother after attending a marathon group for personal growth and sensitivity training. Over the years, Jane had been unable to forgive her mother for deferring her educational opportunity. As with many Chinese daughters, she submitted herself to the family. She helped her mother by selling vegetables and marrying a fishmonger to live up to her parents' expectation. She saw that she had no control over her life. In the end, she used drugs for revenge against her mother's control. Jane spoke of the therapeutic training:

> *"In the exercise of 'Empty Chair', I had a dialogue with my mum. I realised that I played a psychological game of "I just do this for you". I complained about her. As I grew up, my mom compensated for her negligence by giving me money and materials goods. I found this exactly the same as I treated my daughter. I always winked at her and satisfied her with material things. I enjoyed being manipulated by her. I came to realise that I had to find a way to stop this pattern." Jane*

What deserves attention in Jane's narrative is the mother-daughter conflict, which contained meanings of control, blaming and manipulation. Again in other interviews, Lisa and Rose, two young informants, had spoken of conflicts with their

mothers and the way the treatment process had helped them to rebuild the family relationship.

> *"In the past, I rebelled against my mum. She beat me when I was naughty. I thought people in this world would not harm me. I was naïve, brainless, fond of playing and even took drugs. Now my parents paid visits to me and encouraged me. I come to realise that they really care for me."* ***Lisa***

> *"My mum and I participated in the Family and Me Group. Initially I felt uncomfortable to attend the group as I had to face three other residents and their parents. Over the years, I thought my mum was neglecting me. In the group, I told her why I used drugs. I was curious and identified my friend's behaviour. My mum told me that she worked very hard to take care of me. I came to realise that my family was very much concerned about me. I was very selfish.. But I just went out and played. Now I understand that her life was difficult. So I'd better not to make demands of her. I will take action to win her trust. I hope she will accept me."* ***Rose***

Elsa remembered that her brother and sister-in-law had visited her during her stay in the compulsory treatment centre. For a few years after she relapsed into taking drugs, she had no contact with her family and had not visited them. She told her key worker the reason why she did not inform them of her treatment. She was afraid that she would give them false hopes and let them down. With her consent, the social worker arranged a joint interview between her and her brother. She told of the interview:

> *"I didn't expect my brother will come to visit me. He did not scold me. He just encouraged me to stay here and learn new things. He told me that he would support me to stay off drugs. I felt very happy."* *Elsa*

At Stage 2, Rose's new undertaking was to take care of the bottom crew members. She felt included and identified with the treatment centre as she found

meaningful work and built up good relationships with the staff and residents. Rose recalled this:

> *"I have jobs to do. Because there is a group of residents living in the centre, we can chat and communicate with each other. I have got a warm feeling with them."* ***Rose***

The institutional environment also brought the informants into contact with the recovered staff. Many informants felt close to them as they provided them with a sense of confidence and security. They had the following comments:

> *"The recovered staff were capable and responsible. They always shared their personal experience with us."* ***Helen***
>
> *"At the very beginning, I was afraid of them. Later, I found that they were really concerned about me. "* ***Elaine***
>
> *"They [the recovered staff] had taken drugs and I had the same habit. We had gone through the same difficulties. I could take their past experience as a mirror."* ***Lisa***
>
> *"They are Ko Loi Yan (i.e., passers-by). We can't cheat them."* ***Susan***

Importantly, the Chinese term *Ko Loi Yan* refers to an ex-addict and has a special meaning among the drug users in Hong Kong. A "passer-by" means a person who has gone through the drug experience and has a good knowledge of drug-culture games. In the W.T.C., the ex-addict (*Ko Loi Yan*) leaders possessed power and status as they were the ideals for the residents. But power could corrupt. At the time of the study, 2 informants complained that a few recovered staff had misused their power:

> *"A few recovered staff were fond of several young residents. They treated them well but were not fair to other residents."* ***Fanny***

"Some recovered staff are very stubborn and prejudicial. They rejected me when I booked them for a dating contract." Alice

In contrast, all informants had a good impression of their key social workers who provided guidance and support. They described them as "nice and warm", and that they helped them to resolve their family relationship problems. Initially, Rose found it strange to talk to her social worker as she had not been confident in sharing her problems. She saw her social worker as an educator who was skilful in teaching her emotional management. Lisa put all her trust in her social worker, whom she took as a substitute mother figure.

"When I first looked at my social worker, I felt that she was the person who could help me. I trusted her very much... My social worker was different from my mum. My mum just scolded me. My social worker would listen to me when I told her my feelings. My social worker taught me how to be a true human being, handle difficulties and relate to others." ***Lisa***

Lisa's narrative showed that her social worker played an important role in influencing her moral values. In another case, Helen, a seventeen-year-old informant, had a stormy relationship with her social worker. Being forced by her parents to seek treatment, she intended to stay for 6 months. She felt upset when her social worker reminded her of the one-year programme for those under 18 years old.

"When I first came to the Centre, I was strongly influenced by my Ku Wei Nu (cunning girl) *thought. I wanted to manipulate my social worker to get what I wanted. However she would not fall into my trap."* ***Helen***

She was constantly confronted by the residents as she always made careless mistakes. At her lowest point, her social worker supported her:

"One thing happened and showed me that she really helped me. She told me my parents were concerned about me. They even made a plan to move house. I thought that if people loved me, I should also love myself. My social worker taught me the proper concepts of sex. She advised me to value my body. In the past, I just let the boy take advantage of me. Now I realise that I should respect myself and my body." ***Helen***

7.3.4 The Results from the Survey: Process of Change

No significant difference was found between the younger and older women in their ratings of the process of change (Table 7.2). Interestingly, the respondents scored higher at pre-contemplation and maintenance in comparison with the contemplation and action stages. This suggests that the Process of Change Scale is imprecise. This scale was drawn from American drug users, whose thinking patterns may be different from those of Chinese women drug users. The women in this study tended to produce change in the levels of cognition, attitude, and behaviour simultaneously rather than to progress from the cognitive to the behavioural level. Caution must therefore be exercised in adopting the Western Model of Change to explain the Chinese women drug users' experiences.

Table 7.2: Means and Standard Deviations in the Changing Processes of Women Aged Under 26 and Aged 26 and Over

	Under 26 (n=41)		26 and over (n=37)		
Process	M	SD	M	SD	t-value
Pre-contemplation	72.44	6.43	70.27	8.41	1.29
Contemplation	43.41	7.78	44.19	9.32	-.40
Action	44.27	5.98	45.54	7.97	-80
Maintenance	55.49	4.45	55.00	5.89	.42

7.3.5 Qualitative Study: Stage 3 (7-9 months)

A critical decision for the women to make at this stage was to choose either an extension of stay or to break off. To choose an extension of stay meant that the women had to stay longer and continue their learning. To break off meant that the women would be discharged earlier and prepared for social reintegration into the community. Alice was the one who chose to break off because she wanted to join her addict husband.

> *"I knew the risk of an early discharge. I can't be so rational. I want to give my husband a chance. If he came out from the prison and relapsed into drugs, that would be a fact. Indeed if I could not change him, I had my own plan." Alice*

Susan's motive for choosing to complete the four stages was that she was not confident in herself. She told her social worker of her decision earlier at Stage 1 Phase II. She believed in keeping her promises and so she would not change her mind after going to Stage 2. The informants' account of their decision-making reflected their learning of problem-solving skills in the treatment process.

The young informants had different motives for staying. Fanny's motive was fear of a relapse into drugs since she could not resist temptation. Diane and Lisa were more interested in learning new things to substantiate their change. Rose had a strong attachment to her peers and chose to stay. Moreover she set a goal for herself to learn time management.

> *"During the past three months, I was cheerful because I had become close to the residents. I felt that we had the same situation and we were in the same boat. I was not satisfied with the work because the programme was intensive and stressful, and I could not have a good management of time. I couldn't spare time to talk to the residents."* ***Rose***

The W.T.C. adhered to the T.C. objective by promoting leadership experience. In Chapter 4, it was mentioned that the Work Structure Committee members bore responsibility for socialising with and caring for their crew members (See Appendix C). They were supervised and monitored by the recovered staff. In the process of helping others, the informants also acquired and practised their decision-making and problem-solving skills. Rose, who had rebelled earlier against the treatment programme, faced a real challenge in accepting the role of a Section Head. As Rose recalled:

> *"When I was a junior resident, I said that I would never be a Section Head. Now it is my turn to be a Section Head. During the first two weeks, I didn't want to take up the leadership role. I don't want to lose my peers. I was scared that the junior residents would not accept me. Although I was strong-headed, the residents and staff had given me support and their opinions. I accepted their advice. Then I become involved in the role of a Section Head. Now I keep a distance from the old peers, but I try to get close to the Committee members."*
> ***Rose***

Lisa found a sense of importance in taking on the leadership role. She was enthusiastic in helping her crew members to solve problems. In order to make her members co-operative, she would discuss things with them and propose solutions. Elsa said that she was under pressure but managed to find a purpose in her leadership experience.

> *"I was not confident in myself. I was afraid that I could not manage the crew member. My friends kept encouraging me. I was willing to learn. I had to look after my crew members. I felt nervous and stressed. I came to realise that I should set a good example for them." Elsa*

The leadership experience presented a challenge to old behavioural patterns. In one incident, Elaine, who was Head of the Cleaning Section, broke the rules by

taking two cigarettes from a new resident. Her punishment was to be demoted to the middle crew. Despite this, the experience provided her with a chance to re-examine her basic beliefs:

> *"I thought people would not know that I had taken cigarettes from the resident. From earlier years, my father (an addict) taught me that if I manipulated people, I would gain power and status. I learned the 'Ku Wei Nui'* (cunning girl) *thought from my dad. In this centre, it was easy for me to learn proper manner and behaviour. However, I found it hard to change the 'Ku Wei Nui' thought, which I had carried for many years."* Elaine

Crucial to some women's drug use experience was their identity as *"Ku Wei Nui"*. The Chinese term *"Ku Wei Nui"* (cunning girl) has three significant meanings among the drug users. First is the emphasis on friendship and "altruism". Second is to be clever and smart by deceiving and tricking others. Third is a desire for power by manipulating others. The "differential association theory" (Sutherland and Cressey, 1978:81) may partly explain the *"Ku Wei Nui"* sub-culture, in which there is a bond between the person and their peers' values and behaviour. In Hong Kong, *"Ku Wei Nui"* is attached to the triad or gangster culture, which gives a sense of power and security. The *"Ku Wei Nui"* thinking and manners would be dealt with and confronted in the W.T.C. programme. The staff held the view that residents who were strongly influenced by this sub-culture were greatly resistant to the centre's moral values and beliefs.

7.3.6 Stage 4 (10-12 months)

At this stage, change was perceptible in those who engaged themselves in the treatment process. Each found her personal meaning of change in work, groups, activities, and social relationships.

Rose, one of the younger women, felt that she should be honest with her peers in order to maintain a constructive friendship. She picked out the encounter group as giving her a chance to reveal her true feelings.

> *"I had always played with Tina. She wanted me to identify with her. If I did not do so, she would be angry with me. Last night, in the encounter group, I was courageous to tell her that I didn't like this kind of manipulation. I hoped she could behave well and make a change."* ***Rose***

In the W.T.C. context, the Work Structure Committee Members were also expected to socialise and influence new residents. In her leadership experience, Lisa, another younger woman, learned to be patient with her crew members. Crucially she took on the co-worker's role to support her members to achieve personal growth.

> *"I had been very impatient to listen to others in the past. Now I was willing to listen to the residents. The more I talk to the junior residents and understand them, I am glad that I could help them to express their feelings. Sometimes I put my expectation on them. I would be anxious if they did not listen to me. Whenever they made mistakes or refused to change, I would be very upset."* ***Lisa***

Susan, an older informant, had her own interpretation of the helping process. She emphasised the avoidance of stereotyping, especially for those who had a low self-image. From her point of view, they needed attention more than criticism.

"I felt that I should encourage those who showed little improvement. People have different characters. For those who were inferior, they needed more support and concern. Otherwise, if they did something wrong and people stereotyped them as 'bad', they would give up and withdraw. That would reinforce their sense of uselessness." Susan

Lisa reflected on her character and behaviour in the leadership experience. In the social learning process, she set positive behavioural goals for herself and learned effective coping strategies.

*"Now I would not be so sensitive. I would be frank with others. I had learned the skills to confront others. I was not so blunt. I could be flexible in assuming the leadership duties. I knew how to choose my friends and decide whether they were suitable for me. I could view things from all angles. I had got little change." **Lisa***

In their experience of leadership, many informants cultivated their moral minds, which were concerned with "personal responsibility" and "responsibility to others". Chapter 4 discussed the idea that the Chinese value of human responsibility was close to the meanings of "being-in-the-world" and "being-for-the-world". In the treatment process, the informants began by being challenged about their errors in thinking and behaviour. They were helped to explore and develop the good part of themselves. Taking up the leadership roles, they looked beyond themselves and learned to be responsible for the socialisation of others. In the process of helping the junior residents, they developed their own resources such as listening, problem-solving and decision-making skills. In the W.T.C., every person is a role-model, being morally responsible for herself and to others.

As can be seen, the W.T.C. provided an environment in which the women could make sense of their past events, be liberated from guilt and shame, and learn positive behaviour and new ways of coping. In a marathon group, Rose came to

realise that she felt neglected and deserted after her father's death. She thought that she could find the lost love from boyfriends, but she changed from one boy to another, justifying her basic belief that no one would care for her. In dealing with her sense of loss and loneliness, she drowned herself in a current of pills.

> *"I could easily back off in a relationship. [since my father's death] I tried to prove that I was deserted, neglected and lonely. When I had been with someone for a while, I would leave him. Unconsciously, I wanted to get hold of this feeling"* ***Rose***

Another important aspect of the W.T.C. is to provide training for personal learning and development. For example, the "labour exercise" is developed and tailored to the individual's needs. A resident is required to write down her own contract for the "labour exercise", which consists of the reasons, the behavioural goals, the time frame and the psychological preparation. For example, Rose committed herself to a one-week "labour" exercise in which she was assigned to hard work from 9:00 a.m. to 9:00 p.m.. Her supervisor (i.e., one senior resident) confronted her behaviour and thoughts sequentially. Rose recalled how she opened up after the labour exercise:

> *"The labour exercise made the deepest impression on me. I was put aside and did the work. I felt lonely when I was on my own. It reminded me of the past experience. I imagined that I did not know the Supervisor. At the very beginning, I used 'rationalisation' by putting the blame on others. Eventually, I got in touch with my feelings and shared with the recovered staff. I came to realise that I was afraid of being lonely. I found the exercise hard and difficult. I was very tired, cold and miserable. I told myself to keep going. I told myself I could succeed. I felt I had become mature."* ***Rose***

In comparison, Jane's goals were very confused when she participated in the labour exercise. One part of herself wanted to give up and the other part of herself told her to continue. She talked about her training experience:

"In the labour exercise, my mind kept changing. Sometimes I made an excuse that there were things which I could not control. I should break off and leave the Centre. The next moment, I told myself that I should have a good preparation for a discharge. Sometimes I would think about my daughter. I told myself to persist. I anticipated that there would be many difficulties or hurdles after I was discharged. My resolution was to keep drug-free in order to protect my daughter." Jane

Change for Jane did not follow a pattern of linear progression. After Jane completed her exercise, she started to complain about her workload and became critical and sceptical, being at loggerheads with many people. In a follow-up session, Jane was helped by her social worker to identify her regression with childhood feelings of fear and insecurity after the experience of the labour exercise.

Elsa received support and encouragement from other residents and staff when she took up leadership duties. As she looked back, she said that she had learnt very little in the compulsory treatment programme. In the W.T.C., she learned how to express and control her emotions in a proper way. In achieving the goal of becoming drug-free, she realised that she had to change her past life patterns. She spoke of the joy and anxiety at the moment of discharge:

"Initially I chose treatment to wean myself off drugs. When I came into the centre, I would behave properly because people treated me well. Then I thought that I should not change for others; otherwise, I could not learn anything. Here in this centre I came to understand myself. I learned to control my impulsive behaviour. I should not resume night activities just as in the past. I realised that I would relapse into drugs if I kept this form of lifestyle. I am worried about whether I can continue this good behaviour when I return to society. The world outside is a different context where the residents and staff will not remind and encourage me for twenty-four hours." Elsa

In retrospect Susan was amazed that she had learned to express herself and solve problems in writing. Despite the fact that she had a phobia of writing, which was reinforced by childhood experience, she completed the written assignments given by her social workers. In the writing process, Susan learned to reflect on her problems and identify irrational thoughts. A recollection of her experience follows:

> *"The programme was very intensive. At the later stage, I was exhausted. I was torn between labour work and written assignments. I was required to answer a lot of questions given by my social worker. Now I began to value the writing exercise. This involved me in a self-examination process. For example, I got bored when I moved to the half-way house. I thought of running away. Then I asked myself what the consequences would be. I said that I would relapse into drugs. Every time I liked to reflect on my own thinking and stop the irrational thoughts." Susan*

The findings show that the informants benefited from the counselling process in developing their thinking. Some social workers drilled their clients in a self-examination process, in which clients questioned themselves about their problems and reflected on the consequences of each behaviour. Two informants reported that the cognitive process became part of their repertoire in tackling situations with a high level of risk.

During this period, the informants settled in the treatment centre and took an active part in many aspects of the therapeutic programmes. At the same time, the staff would prepare them for re-integration into society. Every informant made her discharge plan for study or work, coping with social relationships, drug awareness, time management and budgeting.

7.4 The Results from the Survey: Length of Stay, Leadership Ability and Completion of Four Stages

Despite the fact that 5 younger and 4 older informants chose to complete 4 stages, the survey findings illustrate a significant difference between the younger and older women in their length of stay, leadership ability and completion of four stages (Table 7.3). As noted in Chapter 4, S.A.R.D.A.'s admissions policy was based upon the Rehabilitation & Treatment Ordinance in Hong Kong. The legal requirement is that a 12-month treatment programme is required for those under the age of 18. The admission policy can be seen as the antecedent effect on the women's length of stay. Of the younger women, 12 were under 18 and had a 12-month stay.

Table 7.3: Comparison of Discharge Status for Women Under Age 26 and Age 26 and Over (%)

Characteristics Total: 78 interviewees	<26 (n=41)	26+ (n=37)	Characteristics	<26 (n=41)	26+ (n=37)
Discharge Status*			Higher Position in Work Structure***		
Complete 4 stages	25 (61%)	11 (30%)	Middle Crew	1 (2%)	13 (35%)
Thinking stage	16 (39%)	26 (70%)	Top Crew	15(37%)	16 (43%)
			Head	8 (20%)	1 (3%)
Length of Stay*			Co-ordinator	17 (41%	7 (19%)
6-8 months	7 (17%)	11 (30%)			
9-10 months	12 (29%)	15 (40%)			
11-12 months	22 (54%)	11 (30%)			

*p < .05 **p < .01 ***p < .001

The interpretation of the findings was that the experience of leadership reflected the women's ability and the completion of 4 stages indicated the women's motivation to change. There was a positive correlation between length of stay, experience of leadership, and stage completion for the group of younger women. As noted in Chapter 4, the criteria for discharge were based upon the women's stage and performance. The "thinking stage" was set as a critical decision for those who

wanted to drop out or continue their learning process. It was assumed that the longer the women's stay, the greater was their ability to acquire drug-free values and new coping mechanisms. These factors will later be used for the prediction of drug-free outcomes in Chapter 9.

7.5 The Results from the Closed- and Open-Ended Questions

What accounts for the different responses to treatment of the younger and older women? One answer is that the women were treated differently by the staff. Another answer is that each Chinese woman drug user has her own identity and social experience, which leads to a different response to the treatment process. The research participants and their experiences are inexplicable without reference to their impressions of the treatment centre, the perceived treatment environment and their consciousness of self.

7.5.1 Linking the Score of Perceived Treatment Environment and the Women's Impression of the Treatment Centre

In the follow-up interviews, which took place 9 to 15 months after the women had left the Centre, 68 participants spoke of their impressions of the treatment programme in response to the open-ended questions (See Appendix D). The purpose of collecting these data at the follow-up stage was to avoid the "social desirability" effect. As the data collection took place nine months after their discharge, the women had no motivation to please the staff by giving a favourable response. Table 7.4 shows the total number of follow-up participants and their drug use patterns. The study participants consisted of 38 younger (aged under 26) clients and 30 older clients (aged 26 or over).

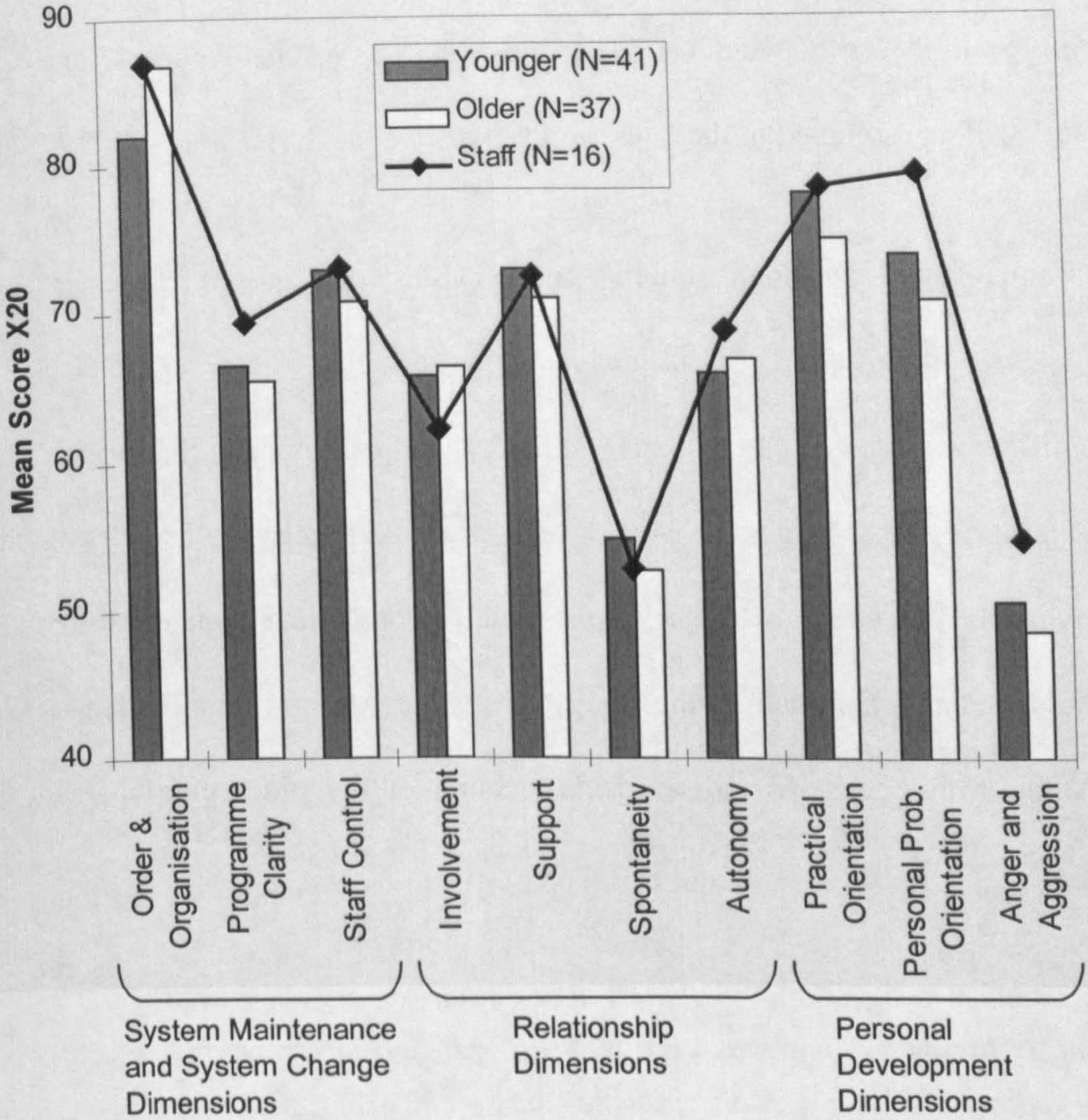
Table 7.4: Profile of Clients Who Were Followed Up Nine Months After Discharge

	Total No. of Participants at First Round of Data Collection	Nine month follow-up	Drug-free	Relapsed	Lost contact
under 26	41	38	29	9	2
26 & over	37	30	15	15	8
Total	78	68	44	24	10

The culture and atmosphere of the W.T.C. were assessed from two different data sources. Firstly, a profile of the treatment environment as perceived by the staff and research participants was obtained by using the 40-item Community-Oriented Programme Environment Scale (COPES) (See Appendix G). The dimensions of COPES were discussed in Chapter 5. The measurement was used to identify the trends and patterns in the perceptions of the W.T.C. atmosphere and characteristics. Its weakness is that the individual meanings of the W.T.C. programme will be missed. For this, an open-ended question (See Appendix D) was designed to catch the individual impressions of the W.T.C. programme. In the following section, discussion of the W.T.C. culture is based upon a combination of the two data sets, enabling us to derive group perceptions and individual meanings of the W.T.C. programme.

Examination of Diagram 7.1 indicates that there was an overall agreement on the three dimensions of COPES by the staff, younger and older research participants. Compared with the residents, the staff had slightly more positive views except on the factor of involvement.

Diagram 7.1: The W.T.C. as Perceived by the Staff and Residents



With respect to system maintenance and system change dimensions, both the older women and staff had a consistently high score on order and organisation, whereas the younger women's score was not so high. The W.T.C. was viewed as highly structured and well organised. The staff and residents were impressed with the cleanliness and tidiness of the centre. The perception of programme clarity, however, differs between the staff and the women, suggesting that some women, both younger and older, were confused about rules and procedures. One issue for the

W.T.C. is to improve communication with the residents about the rules, norms, policy and procedures. The study also reflected a common perception among the staff as having control over the residents. The role of staff as a "change agent" or a "control agent" will be discussed in the later section.

In the open-ended questions, some respondents described the system aspect of the W.T.C. as "authoritarian, disciplined and controlling". There were also considerable differences between the younger and older women groups in their views of the W.T.C. programme. More adult women focused on their negative feelings of the control whereas the young women emphasised personal development. For example, 16 older clients complained that they were subject to constant challenge and confrontation from the staff and residents. Some of the older participants recalled that:

"The treatment programme was harsh and authoritarian. It wasted my time. The programme was very intensive with groups, meetings and structured activities. I was unable to relax in the programme."

"There were many rules in the Centre. I felt I was being controlled. The experience was horrible. I was forced to participate in the encounter group, doing things that I disliked."

"I couldn't accept the programme. I found it hard to obey rules and regulations. I was under great stress. I felt the programme disgusting."

Two older women, who were illiterate, complained that they had been forced to learn reading and writing in the treatment process.

Like the negative view of the older women, 9 younger women perceived the W.T.C. environment as disciplined, restrictive and authoritarian. They admitted that it was difficult for them to accept criticism and confrontation.

The up and down of the curve in "relationship" dimensions (Diagram 7.1) indicate that the programme was seen less as spontaneous but more as supportive and autonomous. As the older women viewed the staff as authority figures, they seldom talked freely to them. Compared with the older women, the younger women perceived that they had a better relationship with the staff. The staff recognised the power structure which set a barrier for the residents in expressing themselves spontaneously. However, both the respondents and staff perceived the importance of support and autonomy in the programme. The structure of the W.T.C. facilitated the interaction of residents and staff so that they could help each other and build on supportive relationships. Both the younger and older women saw the experience of leadership as a training opportunity for them to be autonomous, independent and assertive. They also observed that the senior residents were busy with meetings and activities, whereas the junior residents were kept idle most of the time. The staff complained about the indecisiveness of the younger residents who took up leadership roles. This explained why the staff had a lower score on "involvement", compared with that of the respondents.

The comments from the open-ended questions support the quantitative findings that some women valued the "relationship" dimensions of the centre. In one instance, an older client found it difficult to accept criticism. She was encouraged to take up the role of Section Head and support the junior residents. The experience of leadership gave her insight into the meanings of criticism:

"I was grateful for being chosen as a Section Head in certain circumstances. I recognised that some criticisms were constructive. They said I was stubborn and resisted change. I began to take their advice and learn new things. I found the leadership experience satisfactory."

Six in the older group found that the staff cared for and showed concern about them. Eight younger women emphasised the staff's support and encouragement. Their comments were:

[Younger woman] "There were staff who encouraged and supported me when I was at the lowest edge."

[Younger woman] "I had my birthday in here yesterday. One recovered staff drew a birthday cake on my diary and encouraged me. I felt grateful for her support."

Looking back to Diagram 7.1, the curve of personal development dimensions shows an imbalance between practical orientation and anger and aggression. The younger women rated the practical orientation highly since they came to understand their personal problems and family dynamics through individual counselling, the Transactional Analysis class and family groups. The positive view of the staff reveals their high expectation that the residents should acquire practical knowledge. The factor in which the staff view differed from that of both the younger and older women was "personal problem orientation". Staff might consider that the residents were encouraged to discuss their personal problems in the treatment process. However, many older women said that they felt insecure and hesitant about disclosing themselves and their worries. The low rating of anger and aggression was consistent with the factor of "open to criticisms" in the previous Personal Growth and Development Scale. The reason why the women hid their feelings and expressed

less of their anger and aggression may be the influence of the culture. Moreover, there are few Chinese words for the women to express their sentiments and emotions.

Data drawn from the open-ended questions illustrate that both the younger and older respondents acknowledged their positive learning from the treatment process. For instance, 5 older clients stated that the treatment experience had benefited them in staying drug-free:

> *"In the treatment process, I come to understand my drug-using behavioural pattern and believe that I can become a good person."*
>
> *"I found the programme helpful. That's why I stay and continue the full programme. It is a real treatment programme."*

Through the experience of leadership and labour exercises, 10 young women recognised their weakness and acquired positive moral values. The following are examples of what they recalled about their most impressive experiences:

> *"I learn to respect rule and regulation. For every right, there is a duty."*
>
> *"The centre helped me to re-examine the time when I was hooked on heroin."*

For five women in the younger group, the W.T.C. was their first experience of living with a large group of people. There was so much for them to learn and to cope with in the T.C. programme, including cooking, cleaning, self-care, group activities, counselling groups, encounter groups and communication with others.

Four young women admitted that, compared to the other residents, many of whom had complicated family backgrounds and long drug histories, they were

simple, ignorant and naïve. The challenge for the staff was how to identify the negative influence of one person or a group on the others and to resolve the underlying conflicts for the residents.

The data from COPES shows an "*inter-subjective*" world viewed by the staff and residents in a similar way. Through observation, communication and interaction, the residents formed part of the staff's lived world as they included the women's perceptions in their repertoire, whereas the treatment process also entered into the women's consciousness and became part of their experiences. In this study, the adoption of a mixed research strategy has advantages. First, the results from COPES provide a general picture of the perceived W.T.C. culture by the use of a series of contingency statements. The second point is that the data from the open-ended questions generate rich information about what the W.T.C. programme meant to the women. Together the two sets of data broaden our view of the W.T.C. culture and deepen the understanding of the women's issues and concerns. More will be said later about the W.T.C. culture, the atmosphere of change and the roles of staff, but at this point, I should proceed with the analysis of the underlying problems which the younger and older women face in adapting to the W.T.C. culture.

7.5.2 The Expected Outcome of Drug Use

According to cognitive-behavioural psychology (Goldman, 1989), what is important for therapy is to understand the person's expectation of the outcome of drug use. To some extent, the older and younger women shared common expectations of their drug use. In their accounts, they used drugs for psychological satisfaction, including "satisfying their sense of curiosity", "getting pleasure and

excitement", "seeking euphoria", "avoiding boredom", "escaping from reality" and "dealing with depression".

Where the younger and older women differed was in their social meanings of drug use. Ten younger women admitted that they used drugs as a means to identify with their peers. In contrast, eight older women took heroin as a way of taking revenge against their addict partners or spouses. Five younger girls wanted to gain their parents' or boyfriends' attention by using drugs. Some of the older women, who were involved in drug dealing, had not expected to use drugs. The issue of drug expectancy is important to the design of the W.T.C. programme, in which the women's awareness of the risk factors of drug use should be raised.

7.5.3 The Consciousness of Self

Before treatment, the women found that drug use brought pleasurable feelings and a relief from boredom, but it also blurred their sense of themselves, others and reality. They did not want to think for themselves, nor would they attempt to plan for their future. In the highly structured W.T.C. environment, many women felt restricted and controlled. They experienced fear, doubt and shock in the encounter group and from confrontation. Over a period, the women gave more thought to themselves and others through the therapeutic process. Every woman has her own self-identity which is a continuity of past, present and future. There is a complex interaction between history, cultural values, family beliefs and drug-use identity. The consciousness of self is the underlying structure that accounts for the women's treatment experiences.

In their accounts, the older women frequently described themselves as "stubborn", "distrustful" and "resistant to change". It seemed that the women's history of drug use had had an impact on their sense of self. It was evident that they had only a dim hope of change and found it difficult to make a resolution to do so.

> *"I am a person who bothers about nothing, is uninterested and confused, the type of person who lives and lets live."*
>
> *"I am a fugitive. I don't want to face the reality."*
>
> *"I am a stubborn, wilful and impulsive person. I have to pretend since I do not want to lose face."*
>
> *"I feel lonely. I want somebody to take care of me. However, I don't want to make the effort for change."*

During the treatment process, the women were conscious of different perspectives, rules and norms. Some women clung on their old values and beliefs as the thought of change made them feel insecure. It was also possible that the authoritarian and structured environment in the T.C. context generated feelings of resistance and dissatisfaction. The older women's recounts of their experience provide some evidence for this:

> *"During my stay in the W.T.C., I was aware that I didn't like being controlled. I wanted freedom. I liked to have my own way."*
>
> *"I am stingy, rebellious, self-debased, easily influenced and repressed. I have a strong sense of self-pity. In the encounter group, I found it difficult to accept others' opinions. I could not trust people."*
>
> *"I reckon that I am lazy and stubborn and do not like to listen to others. I am resistant to other's control."*

On the other hand, the horizon of self is bound not only by the past and the present but also extends into the future. In some situations, the older women's openings came as a result of help and support from their families and staff. Some older women recollected their breakthrough experiences:

> *"During my stay in the treatment centre, I was playful, irresponsible, sloppy and distrustful. I often liked to compare myself with others. After I was transferred to the half-way house, I found the lost part of myself. With my family's support and the staff's encouragement, I saw myself in a positive way."*

> *"My social worker arranged a joint meeting between my daughter and me. I began to understand the impact of my drug use on her. She told me that she felt inferior and shame of her family. I was selfish and did not think about her. Afterwards, I try to learn and change. I shall achieve my goal of staying off."*

The younger women's descriptions of themselves tended to be "bipolar", including seeing themselves as strong and weak, arrogant and inferior, and loving and hateful. At this developmental stage, the young women were restless and confused, driven by their emotions, and they experienced an identity crisis. As the participants recalled,

> *"I can easily be overwhelmed by my feelings. I was eager to fight for justice. In the treatment process, I began to recognise that I didn't have a mind. I pretended to be strong. Deep down, I felt inferior to others. I long for other's concern. I want to be important."*

> *"I am playful, obedient and like to be perfect. Sometimes I can go to extremes. No one can predict my behaviour."*

> *"I am a person who cannot accept reality. I am wilful. I do not want to think about the consequences. Sometimes I like to depend on others. Sometimes I don't like being controlled."*

The findings also confirm that the treatment process provided the young women with a new language of self-understanding. In two cases, the language of Transactional Analysis helped them to know about their ego state and psychological games.

> *"I felt inferior inside but acted to be strong outwardly. I often fell into the trap of self-deception. I liked to manipulate others in order to satisfy my needs. I can read people's mind. I enjoyed playing the psychological game of 'kick me'."*
>
> *"I was indecisive, and hide my true-self deeply. I had a nurturing parent ego state that I liked to protect others. I found it hard to set rules on myself and others."*

Data drawn from the open-ended questions illustrated that the older women tended to describe themselves as "stubborn", "distrustful" and "resistant to change" whereas the younger women had a recognition of their "bipolar" characters. Their self-description became important for understanding their different responses to the treatment process. A common pattern was that the older women were resistant to confrontation and challenge whereas the younger women were capable of learning but their moods fluctuated.

7.6 The Staff's Views of the Treatment Process

7.6.1 A Division of Labour Between the Recovered Staff and the Social Workers

The rivalry between professional staff and recovered staff was recognised as an issue at the World Congress of Therapeutic Communities held in Montreal 1977 (Brook and Whitehead, 1980:36). The professional staff tend to believe that their academic knowledge and professional training are credentials for being the managers

of T.C. programmes. Traditionally, the T.C.s have been run by recovered staff, who have gone through the experiences of drug use, treatment and staying off.

In the W.T.C., emphasis is placed on a teamwork approach which integrates the knowledge of the professionals and the personal experience of the recovered staff. In the administrative structure, the role of the Supervisor is to monitor the T.C. programme and co-ordinate work and communication between the social workers and the recovered staff. A monthly staff meeting is held to give the staff an opportunity to share, argue and resolve problems and conflicts.

Relevant to an understanding of the staff dynamic are the views of the social workers and the recovered staff in this study. One social worker remembered that she found a few of the recovered staff aggressive and hostile when she first joined the service. The T.C. approach being adopted in the W.T.C. was different from her social work training. As she recollected:

> *"[Social Worker] When I first came to work here, I did not like the hierarchical structured environment. I found it hard to adjust. It seemed that I would not be allowed to do anything. I did not accept the way the recovered staff confronted the residents. Later on, I came to realise that the residents had come from a loose lifestyle to a tightly controlled environment. The purpose of the encounter group is to help the residents understand their problems. It produces a therapeutic effect on the group members. I changed my view and began to learn some confrontation skills."*

The recovered staff member saw that she carried different roles and responsibilities from the social worker. Her role was to emphasise control and discipline among the residents. The social worker, who devoted her time to

individual and group counselling, promoted personal growth and family support. Sometimes they disagreed about the readiness of a resident for discharge from the centre. In the working process, she learned to compromise their differences:

> *"[Recovered Staff] In my role, I had different views from the social worker. I see that the social workers are too theoretical and put much emphasis on the individual development. I know that, as ex-addict staff, we are practical and concerned about the security of the centre. There is a precedence of the community over the individual. Gradually, I learned to co-operate with the social worker. We should respect each other. For example, the new residents would be unfamiliar with their social workers and seldom talked to them. They were willing to share their experiences with us since we had a drug use experience. Now I see my other role as a bridge between the social worker and her clients."*

7.6.2 The Helping Process

Four themes that emerge from the staffs' account of the helping process were a reasonable use of authority, relationship building, role modelling and the transmission of values.

One experienced social worker recollected how she helped her client in the treatment process. In the first two stages, she would use her authority to motivate the resident to complete a small task and participate in the programme. She described the process as follows:

> *"[Social Worker] At the early stage, I would give a new resident a simple task such as reciting a poem in the morning meeting. She might feel embarrassed and resistant to the contract. I encouraged her to try. It would be a breakthrough for her when she accepted my suggestion, learned how to cope with the task and gained a sense of achievement from this experience. Generally, my client would accept*

the contract as I am the authority figure. Other residents and staff will also encourage her to complete the contract. At Stage 2, we had a mutual understanding. We would talk about her family and peer relationship and the process of self-growth."

In her experience, the key factor that led to her client's success was her relationship with recovered staff and her social worker. One part of the treatment process was to promote interaction among its members. The social worker emphasised that her client could learn from the role-models and develop positive life values and behaviour. The following is her comment:

"[Social Worker] Not many people could go to Stages 3 and 4. At stage 3, we had an intimate relationship. We would exchange our thoughts and ideas. She would ask for my advice or permissions. Now she would not fully accept my opinions. I gave her my permission for little alterations. I saw autonomy in her as a growing process. At Stage 4, if she had fulfilled the tasks of the first three stages, I would prepare her for the adjustments to the world outside. I would remind her the problems which had been previously discussed. Then we would work together for a discharge plan"

One recovered staff described how she developed flexible techniques in her interaction with the residents. She was conscious of being a role model for the residents. In supervising one young resident in her role as leader, she exerted a positive influence on her values, beliefs and behaviour.

"[Recovered Staff] I have a flexible technique in relating to the residents. Each has her own social background. For example, XXX was neglected in her family. She never knew about moral principles. Then I became her life teacher. She just models my behaviour and thought and applies them to her role of a 'Section Head'. I let her rely on me for her guidance. As for those who were pampered and rebellious, I would not be so close to them."

Value clarification is another important element in the W.T.C. programme. This is promoted by reading articles, discussion and group meetings. One recovered staff member reported her good relationship with some residents.

> *"[Recovered Staff] I taught the young residents the moral values in our daily contacts. When I conducted 'pull-ups' in the morning meeting, I would not only point out the resident's behavioural and thinking errors but also clarified the values of honesty and responsibility. In another situation, when we sat together in the evening and watched telly, I would explain to them the importance of honesty by quoting the example of the story."*

The data suggests that the social workers focused on a systematic and structured approach in motivating their clients to change. The recovered staff preferred to use their personal influence and to preach the moral values as their methods of helping and supporting.

7.6.3 Difficulties Encountered by the Staff in Providing Treatment Service

The staff identified five major difficulties for them in helping the women drug users in the treatment process. First, a barrier for the recovered staff in helping the young residents was their lack of knowledge of the youth culture. One experienced recovered staff member admitted that it would take a long time for her to get close to some young residents.

> *"[Recovered Staff] We feel that we had a generation gap with the young residents. I never know their culture, jargons, fashions, pop songs and the new methods of drug-taking. Despite this, they should learn the moral principles and distinguish right from wrong."*

Another difficulty for the recovered staff was in mobilising some young residents to assert themselves and make decisions in their role as leaders. The reason was that the young residents relied on the recovered staff for decisions and instructions. A lack of initiative among some senior young residents generated pressure on the staff.

Thirdly, one social worker stated that she found it difficult to teach some clients, particularly the older women, to understand the psychological terms and to express their feelings in the counselling session.

The fourth difficulty for the W.T.C. programme was the effective use of confrontation and encounter groups. Some social workers feared that a resident would be hurt if the staff or other residents were irrational and projected their feelings on to her. One recovered staff revealed her need for rationality in the encounter group as she could not separate out her personal feelings for some residents.

> *"[Recovered Staff] I can't be dispassionate in the treatment centre. Sometimes I would be impatient. There were two reasons why I would confront the residents in a 'harsh' manner. One was that I had a great expectation of them and was angry about their misbehaviour. The other was that I had reminded them of their slow progress but they repeated the same mistakes. Perhaps I would project my feelings on them. I should learn to maintain a balance of emotionality and rationality.*

Finally, both recovered staff and social workers experienced a difficulty in monitoring positive peer influence. They were aware that some residents who came from complicated social backgrounds would not easily get rid of their "*Ku Wei Nui*"

(cunning girl) way of thinking. When this group of residents came close to each other, they would act positively in front of the staff but violate the community norms secretly. The staff found that re-grouping was effective for the new residents but not for those who had stayed in treatment over 6 months or more.

7.7 A Summary of the Findings

The W.T.C. culture as perceived by residents and staff can be termed highly-structured, well-organised, practically-oriented and supportive, evidenced by the high scores on order and organisation, practical orientation and support, and a low score on anger and aggression. The T.C. approach provides a framework for the W.T.C. to structure activities and socialise the residents and staff. The "curative elements", however, are constrained by the "institutional framework" (De Leon, 1985). For example, compared with the group of younger women, more older women responded negatively to the W.T.C. programme as they perceived it as "authoritarian and controlling". The younger women, however, identified the "curative elements" (i.e., staff's care and concern, positive learning) as the force of their growth and development.

The emphasis on retention in the W.T.C. is not without its problems. There is a pre-determined period for the women to stay in the treatment process, although the residents could opt for a discharge at Stage 2. This explains why the recovered staff interpreted their role as a "control agent" in the W.T.C. setting. Much of their time and energy was devoted to keeping order and managing the centre. The lack of initiative and involvement from the residents becomes a current issue for the

organisation and staff. The problem for the W.T.C. is how to motivate the residents to participate in the treatment process.

The recovered staff and the social workers defined their roles differently. The social workers focused on their role of a "change agent" in order to enhance their clients' self-awareness and teach them coping strategies. They were also mediators between their clients and the family, conducting individual and group counselling to resolve family conflicts. Many respondents found the social workers helpful and supportive. The recovered staff served as "role-models" to inspire drug-free values and behaviour. However, some of the older women saw one or two recovered staff members as condescending. For effective teamwork approach, it is necessary to educate the recovered staff on their use of power, and to integrate the social worker's knowledge with the recovered staffs' experience.

The use of confrontation is a controversial issue. The guiding principle of confrontation in the W.T.C. is to help the residents face the reality. Compared with T.C. like Day Top Village in New York, the W.T.C. maintains a low level of confrontation in the encounter group. There are two common criticisms of confrontation: it is dehumanising and demanding (Colburn & Colburn, 1973); and not suitable for living in the world outside (Mahon, 1973). The findings indicate that some residents or staff might project their feelings on another person. One social worker pointed out that some of her clients had difficulty in learning the new language of psychotherapy as they were used to the Chinese language, which describes things and events. However, for some respondents, the encounter group gave them a chance to understand their problems and express their genuine selves.

Confrontation was also found useful in dealing with disruptive behaviour that violated the community norms.

CHAPTER EIGHT

THE POST-TREATMENT EXPERIENCE

8.1 Introduction

Chapter 4 mentioned that the W.T.C. programme has a forward-looking approach in the provision of detoxification, rehabilitation, half-way residence and aftercare service. Compared with the treatment environment, the post-treatment setting is highly complex and free from the controls of social work intervention. Traditionally, treatment success is assessed by the extent to which clients remain drug-free, crime-free and free from criminal convictions. However, there are other outcome factors such as a perception of self-competence, cognitive and behavioural copings, perceived life events and the perceived family environment which are relevant to the assessment of the women's success or failure. The follow-up survey addressed these issues. The qualitative methods, such as open-ended questions, intensive interviews and document reviews, are well suited to an exploration of the women's re-integration into society and their coping strategies to overcome problems.

The qualitative and quantitative data are intrinsically related to each other. Statistical methods are used to map out the profiles and patterns of the relapsed group and the drug-free group, whereas the narrative analyses provide rich information about the meanings of the women's subjective experience of post-treatment events and circumstances. The first part of this chapter combines the statistical results and the qualitative information into an analysis of the women's post-treatment experiences. Social discrimination, work pressures, peer relationships

and family relationships are themes in their experiences. The second part of this chapter presents Diane's experiences of lapse and relapse, which reveal the unity of meanings, values and themes. This chapter concludes with a discussion of the qualitative and quantitative findings.

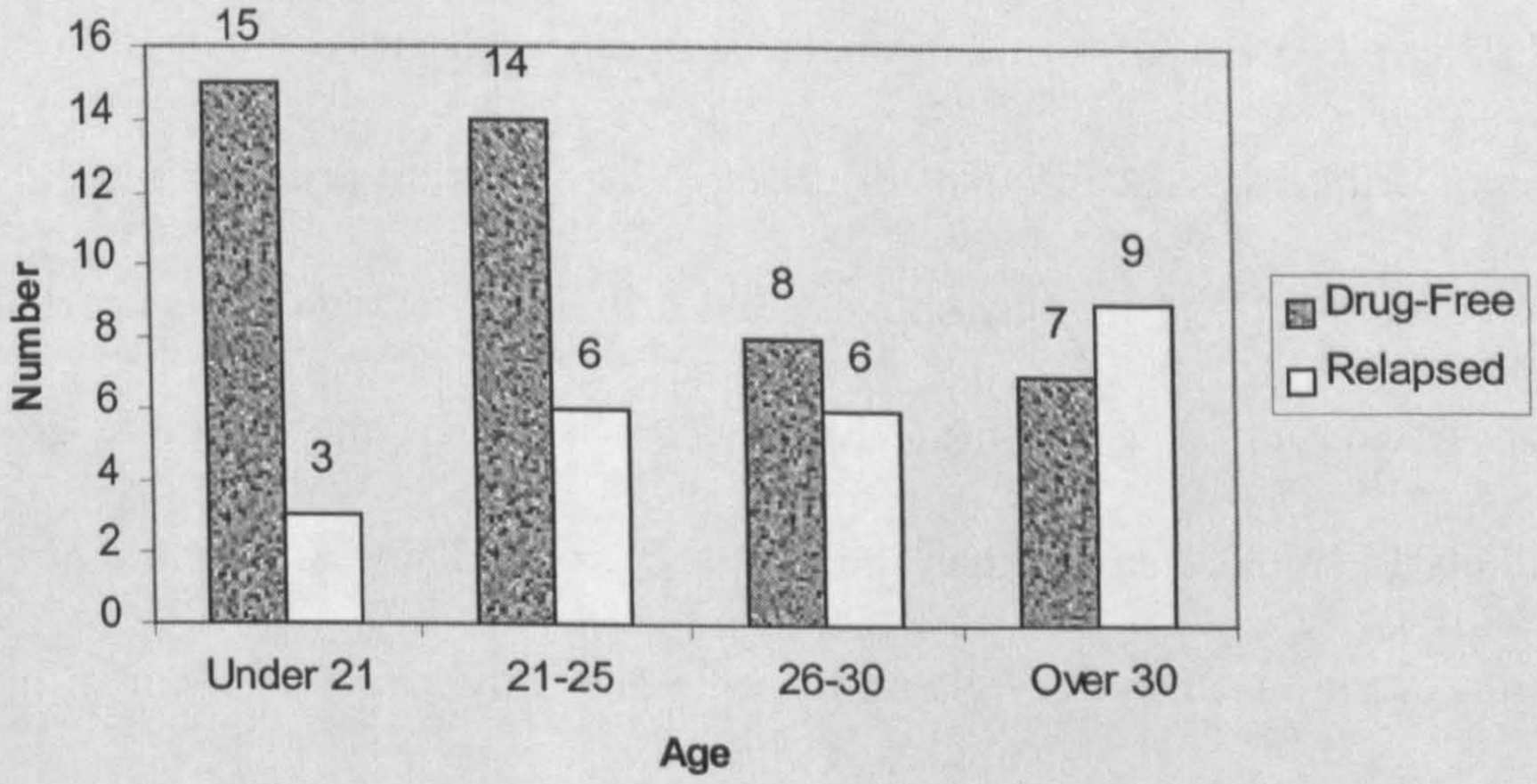
8.2 Linking the Quantitative and Qualitative Findings

8.2.1 The Use of Addictive Substances

The follow-up period extended from 9 to 15 months as some interviewees, particularly those who had relapsed into taking drugs, had changed their addresses, had been imprisoned or had lost contact with their key social workers. A total of 68 women (87.2% of the original 78 research participants) were successfully followed up for the small survey. One woman in the non-contact group had died of a heroin overdose. To ascertain the validity of the data, a statistical evaluation of the drug-using behaviour was carried out based upon a 9-month period following treatment for each of the research participants. The information about the interviewees' drug use was gathered and validated in one or more of the following ways: interviewees' self-reports in personal or telephone interviews, the records of urine tests and the key social worker's reports. Urine test results and the social workers' reports were often used to check out reports by the interviewees. There was an overall agreement between the respondents' reports and the social workers' reports. Of the 68 subjects who remained in the study, 42 (61.8%) reported that they had been totally abstinent, two (2.9%) had lapsed into drugs once or twice and recovered in the follow-up period, and 24 (35.3%) had re-used drugs regularly. For purposes of comparison, the lapsed women, who were drug-free at the time of assessment, were included in the

drug-free group. Figure 8.1 shows the age distribution of the relapsed and abstinent groups.

Figure 8.1: Follow-Up Drug Use Behaviour by Age Group (Total=68)



The available data on time to relapse showed that 6 women had commenced drug use within one month after discharge, 5 by two months, 9 by three months, 3 by four months and 1 by 5 months. Their reasons for re-using drugs included relief from boredom (10), peer pressure (6), to escape (5), to seek euphoria (2) and influence of boyfriend (1). Supplementary information from the social workers showed that, of the study participants who had resumed drug use, 3 had been jailed in the compulsory treatment centre, 1 had died of an overdose and 2 had become handicapped*. The section reporting the results of the qualitative study will explore

* During the follow-up period, it was common for the drug-abusers in Hong Kong to combine and inject heroin and Halcion for euphoria. Medically, they were subjected to the risks of an overdose, blood-clotting or serious infection. In this study, two women had an amputation of their legs due to infection caused by this type of drug-use.

the women's views on their post-treatment experiences, focusing on their difficulties in coping with social stigma and life stress.

8.2.2 Drinking and Smoking Patterns

An analysis of the drinking patterns of the drug-free and the relapsed groups was conducted. This revealed that there was a high incidence in the drug-free group ($F = 7.136$, $p = 0.10$) of drinking beer and other forms of alcohol, with 4 as dependent drinkers, 9 as frequent drinkers, 9 as moderate drinkers and 12 as non-drinkers (Table 8.1). This may suggest that drinking was regarded as acceptable in the drug-free group as a substitute for drugs. Similarly, the drug-free group was more likely to smoke heavily than the relapsed group (Table 8.1). Heroin remained the primary drug used by the relapsed clients and only a few used cough medicine and other psychotropic drugs occasionally. In the event of physical or psychological discomfort, the drug-free group preferred to consult a private GP and take medicine under prescription.

Table 8.1: Comparison of Drinking and Smoking Patterns Between the Drug-Free Group and the Drug-Using Group (%)

Characteristics	Drug-free (n = 44)	Relapsed (n = 24)	Characteristics	Drug-free (n= 44)	Relapsed (n= 24)
Drinking Pattern			Smoking Pattern		
None	12 (27%)	14 (58%)			
Seldom	10 (23%)	0	Sometimes	1 (2%)	3 (12%)
Sometimes	9 (20.5%)	1 (4%)	Often	10 (23%)	10 (42%)
Often	9 (20.5%)	6 (25%)	Very Often	33 (75%)	11 (46%)
Very Often	4 (9%)	3 (13%)			

8.2.3 The Mood State

Despite the drug-free outcome, the major focus of the quantitative study was to compare in detail the drug-free group with the relapsed group in order to assess aspects of personality and mood functioning, coping behaviour, personal resources, life change events, social functioning, and perceived family environment. The comparison was carried out using a t-test and an analysis of covariance.

The results in Table 8.2 show that the drug-free group was functioning better than the relapsed group ($t < .05$). The relapsed group had higher scores of anxiety, boredom, depression, and escapism. The relapsed women saw themselves as victims of fate and circumstances, feeling sad and miserable. They seemed to be suffering from mild depression. Others reported that they were under pressure from their families as they were blamed for re-using drugs.

Table 8.2: Means and Standard Deviations in Personality and Mood State for Abstainers and Drug Users

	Drug free Group (n = 44)		Relapsed Group (n = 24)		
Mood State	M	SD	M	SD	t-value
Depression	2.04	.503	2.97	.87	-5.58**
Anxiety	2.36	.67	2.75	.86	-2.06**
Inferior	2.64	1.01	3.63	.97	-3.90***
Feel blamed	2.18	.95	3.29	1.04	-4.46***
Feel bored	2.68	.86	3.46	.721	-3.37***
Escape from reality	2.34	1.12	3.67	.702	-5.26**

Note: *p < .05. **p < .01. ***p < .001.

The open-ended questions at the end of the questionnaire provided information about the relapsed women's mood state and family situations. Three women's narratives represented many others who regretted re-using drugs and

causing trouble to their family. For instance, one older woman felt that she was being blamed by her mother-in-law. She felt helpless in her situation as her husband also used drugs. One young woman acknowledged her guilt for burdening her parents. Another older woman saw herself as hopeless and useless after a relapse into drugs.

[older woman] "I was as before-nothing to do all day long. If it isn't my two-year-old son, my mother-in-law would push me out of the house. I shall seek treatment again."

[younger woman] "My parents treated me well when I was newly discharged, but when I turn wild and re-use drugs, they see me as a bad girl. I feel that I am a psychological burden on them as they are worried about me."

[Older woman] "I think I have no change. I took drugs on the eighth days after discharge. I don't have much confidence. I am useless..."

8.2.4 Social Re-integration

Discrimination, cultural values, family dynamics and temptation are four of the main themes that occur as the research participants attempt to re-integrate into society. The data drawn from the open-ended questions and the intensive interviews generate a broad framework of themes and meanings, which reflect the women's post-treatment experiences. Within this framework, the women discussed their cultural values, social experience, learning from the treatment centre, coping strategies, family expectations and relationships with social workers.

8.2.4.1 The Person in the Social Context

Once the women had come into immediate contact with the community, many things that they had taken for granted during their drug-using lives now evoked feelings of shame and inferiority. The first theme that emerges from the women's narratives was that of social stereotypes. For the informants, the meanings of discrimination were associated with social stigma, moral values and the consequence of their drug-using behaviour.

Fanny, a young informant, felt that there was a gap between "normal" people and ex-addicts. In her interpretation, "normal" people had preconceptions of the "addict", which were associated with theft, shoplifting, burglary and dishonesty. Although she had come off drugs, people would judge and treat her in the same way. She recognised this as the consequence of her past drug-using behaviour. She talked about being interviewed for a job:

> *"My social worker referred me to the Career Guidance Scheme for a job interview. I went to a boutique shop and had an interview for a position as a sales girl. The lady manager whispered to her colleague that, since it's difficult to find a person to do the job, they had to employ me. I could sense that ordinary people would not easily accept the ex-addict."* ***Fanny***

Another issue for the women coming into contact with society was the social stigma attached to their criminal records and also to tattoos. Elsa wanted to keep her past a secret but, in Hong Kong, the police could stop a person on the street and check his or her criminal record over the walkie-talkie. She was always under strain.

> *"I remembered when I was newly discharged from the centre. I was afraid of the police, who would stop me on the street and ask me for*

my identity card. I didn't want to let my colleagues know that I had a criminal record." Elsa

Many Chinese women addicts had tattoos. The tattoos vary. They may be the names of friends or boyfriends, or symbols of goddesses, animals, birds and flowers. However, there is a social stigma attached to body tattoos in Chinese culture. Like other women ex-drug users, Diane was aware of the social stigma arising from her tattoos.

"When I walked down the street, I lowered my head and dared not look at people's eyes. Once I went for a job interview, the boss looked at the tattoos on my arm. I felt very much ashamed. Next time when I went to an interview for a job, I put a bandage on my arm." ***Diane***

Lisa, a young informant, came across a nurse who had a stereotype of women drug use and prostitution. This upset her and made her feel inferior about her addiction. She remembered that she had looked down upon people who involved themselves in the sex industry, assuming that they were greedy for money. Reflecting on this experience, she began to understand the reality that some women engaged in prostitution to support their drug-habit.

"Once when I went to the health clinic, the nurse asked me whether I had been a prostitute. I said no. She didn't believe me and started to scold me. I almost lost my temper. This showed me that people in society would never believe the ex-addicts, so I kept quiet. Normal people, who had never used drugs, did not understand us." ***Lisa***

The informants also felt alienated and lonely in society. The older women, who had previously immersed themselves in long-term drug use before treatment, found that society was completely strange, unfitting and unfamiliar to them. The

following quotation reveals Elsa's difficulties in communicating with non-drug users.

> *"When I first contacted the society, I felt invisible. In particular, I saw people with their trendy clothes. I felt that I was like a village girl. If I talked to "straight" people, I would follow their pace. In the past, I liked to dominate the conversation. I found that I was rather slow and stupid. I have nothing to say to others." Elsa*

After a year's treatment, Rose, a younger woman, started to study in an evening class. She was conscious of the age gap between herself and the other students. Moreover, the school environment was strange to her.

> *"The first day I went to the school, I felt inferior to my classmates, who were only thirteen or fourteen. I did not get used to this. Perhaps they did not know my age but I felt uneasy. Then I tried to concentrate on the lesson." **Rose***

The women's narratives show that there were cultural and social barriers, which made it difficult for the women ex-drug users to re-integrate into society. Despite these barriers, some women adopted positive coping strategies, striving for a drug-free lifestyle.

8.2.5 Developing Coping Strategies

8.2.5.1 Linking Results from the Open- and Closed-Ended Questions

Table 8.3 indicates that the relapsed and drug-free groups were significantly different in terms of their cognitive and behavioural coping ($t < .01$). The drug-free group were more willing to think in a positive way, gain support and advice from friends, and occupy their time by going to work, avoiding places where they had

taken drugs, and joining activities organised by the Women's Chapter of Alumni Association•. The relapsed group, however, held a pessimistic view of life. They neither remembered what they had been taught in the treatment centre, nor did they attempt new ways to overcome the problem situation.

Table 8.3: Means and Standard Deviations in Coping Behaviour for the Drug-Free Group and the Relapsed Group

	Drug free Group (n = 44)		Relapsed Group (n = 24)		
	M	SD	M	SD	t-value
Positive Thinking	3.63	.40	2.71	.55	7.84***
Negative Thinking	2.73	.70	3.26	.50	-3.30**
Avoidance/Distraction	3.30	.39	2.48	.58	7.01***
Seeking social support	3.16	.58	1.83	.46	9.67***

Note: * $p < .05$. **$p < .01$. ***$p < .001$.

The open-ended questions reveal what happened to more of the women. Their typical reasons for re-using drugs were peer pressure, relief from boredom, and escape from reality and dealing with crisis situation. Some of the examples are shown as follows:

> *[older woman]"I was afraid of boredom. I contacted friends who were drug addicts. I was jealous when my mum showed favouritism towards my brother. I was withdrawn and always stayed in my bedroom."*

• The Women's Chapter is a self-help group which promotes positive peer learning and drug-free lifestyles. The Committee is consisted of 5 senior ex-addicted women. Membership is eligible for those who continued to stay drug-free six months after discharge from the WTC. Under the supervision of a social worker, the Women's Chapter conducted seminars and educational programme for dischargees, and organised recreational activities, outings and community service work for their members and families.

[older woman]"I preferred to escape from unpleasant feelings. The problem was that I had a poor relationship with my mum. I became idle and played mah-jong in the old place. The environment was so familiar that it reminded me of drug use."

[younger woman]"My husband had affairs with other women. I was really unhappy after quarrelling with him. Then I took drugs. Having developed physical dependence, I deeply regretted it."

The training in the W.T.C. emphasises the Chinese values of respect, responsibility, self-discipline, care and concern. One explanation of the difference between the drug-free women and the relapsed women is that abstainers are more likely to apply the learning from the treatment centre in their lives outside. Another explanation is that, compared with the drug-free women, the social support network of the relapsed women is weaker. There are also social and psychological and social factors contributing to the women's relapse into taking drugs. The social meaning of drug use for some women was that it gave them a way to identify with their friends. Others re-used drugs to increase their feelings of pleasure and freedom, or cope with frustration and boredom.

8.2.5.2 Results from the Intensive Interviews

The data from the follow-up interviews display common features of life situations, ways of coping and the women's perspectives in striving for a drug-free lifestyle. All nine informants except Diane were still drug-free. After discharge, the open community is for most women in the study a place of freedom and liberation. Living in the half-way house, some women began to realise that they could easily succumb to temptation. For example, Elsa broke the hostel rule by secretly receiving a cigarette from her friend. She learned from the mistake. Instead of giving up, she decided to face the reality and discipline herself.

> *"I learned from this experience [the cigarette incident] that I am inconsistent. I could perform well in the treatment centre. Once I move to the half-way house, I lose my principle and fail to resist temptation. I thought my friend would not betray me. As I reflect on my behaviour, I begin to realise that I can confront others skilfully but fail to confront myself. Then I became frightened. I know that I should behave myself first if I am going to confront others. In the past, I just used terms or theories to confront others. Now I shall practise what I preach." Elsa*

Jane changed her way of coping from negative thinking to positive thinking after an unexpected event. The transition to positive thinking involved a process of self-examination, avoiding playing games and making plans.

> *"My mum rang me and told me that my husband would send my daughter to the boarding school. I panicked. I thought they would take my daughter away from me. I wanted to leave the half-way house as soon as possible. Then I reflected on this decision. I began to realise that whenever I had a problem, I would easily give up and blame others. Now I should face the problem. I told myself that I could discuss with my social worker and plan for my daughter's future." Jane*

Susan exerted self-control and resisted temptation of the open environment. She chose the job of peer counsellor• in the W.T.C.. The most important dimension of her personal growth was to take responsibility.

> *"After the treatment process, I learned to obey orders and respect others. The world outside is very different. I could do anything in society. I don't feel that I had become normal immediately after the discharge. I need to discipline myself and learn more from the peer counsellor work. If I broke the rule, my heart [conscience] would not be comfortable. I gain support from my family, social worker and other recovered staff. I would not let them down." Susan*

For some, a physical illness would remind them of the desire for drugs. Fanny recalled having a serious headache that made her think of injecting heroin. She overcame the difficulties with the help of her boyfriend.

> *"On one occasion, I got a headache. I just thought of injecting heroin. I was silly. The pain of headache was there. Then my boyfriend asked me to consult a doctor." **Fanny***

The treatment process helped Elsa to reflect on and analyse her ways of coping. She admitted that the greatest benefit of drug-taking was a relief from unpleasant feelings. However, she developed other methods to cope with emotional distress

> *"Drugs could make me feel happy and release me from worries. As I come off, I know I have to face life problems. I had three ways of coping. Firstly, if I cannot achieve my goals, I feel unhappy. I will indulge my wish. Secondly, once I have pent-up feelings, I fall into the trap of self-pity. Then I moan about things and enjoy playing the*

• There are three posts of peer counsellor in the WTC. Those who graduate from the WTC programme and maintain abstinence for 6 months at least can apply for the post. The contract is on 2-year basis. They are responsible for peer counselling, facilitating group programmes and assisting the residential staff for ward management.

victim's role. The third way is to keep myself busy. I would go out shopping with my friends. Whenever I work hard and get my boss's compliments, I feel good. Now I choose the second and third ways of coping." Elsa

Fanny was also aware of the risks of relapse if she were to involve herself in a drug-using routine and environment. She enjoyed going out with her colleagues but would avoid places where she could meet the addicted peers.

*"Every night after work I go out with my colleagues to drink beer. I kept them as my company. However, I would avoid places where I could meet the dubious peers." **Fanny***

The social workers did not encourage those newly discharged from the centre to drink alcohol and resume late night activities for fear that they might associate with addicted peers. Fanny stopped drinking alcohol out of respect for her social worker.

*"There must be something you lose while you win. I knew that my social worker did not accept my drinking habit. Then I stopped this. I wanted to get a friend, so I would not do things she disliked. If I did not treasure this friendship, I would go out for a drink." **Fanny***

The rehabilitation programme also helped Helen clarify her moral values which would protect her from being hurt in relationships with men. Helen reported that she worked hard in a fast-food restaurant. She behaved herself because she had learned the moral values of love and relationship.

"I felt that I was a worthless person. In the past, I would do anything to please the boy who liked me. I would use my body to possess him. Then I felt hurt. Now I know that I should protect myself in any relationship. I acquired some values in the treatment process. Now I

would see the person clearly before we can have a relationship."
Helen

Two informants reported that they had learned to take care of others in the experience of leadership. Elsa used the communication skills in her work to express concern for her colleagues. Susan looked beyond herself and participated in the rehabilitation service.

"I learned to show care and concern in the treatment process. Now I work in the restaurant. I would ask my colleague how she was after she returned from a day of sick leave. This improved our relationship." Elsa

"The hostel warden told me that one peer counsellor could not come back to work since her mother died in the hospital. I suggested to the staff that I could continue my work for another 24 hours. I knew that it would be hard for me. I just wanted to contribute myself to the service." Susan

It can be seen that each informant found her place in society and transferred learning from the treatment centre to their daily lives. For some informants, the presence of "helpful others" was important as they constantly reminded them of the need to overcome their past drug-using life patterns. The "helpful others" included family members, social workers, recovered staff, boyfriends and colleagues. Other informants changed their cognitive-behavioural coping methods from escaping reality to facing problems.

8.2.5.3 The Experience of Ambivalence

After the drug-free women had been out in society for two to three months, they began to feel stress and pressure in their life situations and many resorted to

alcohol and pleasurable activities. Every life event has two sides; it can be perceived as control or as help to make a full recovery. Three themes emerged from the qualitative data: trust and mistrust of family members, approaching and avoiding peers and facing and escaping work pressures.

8.2.5.4 Family Expectation and Crisis

In line with Chinese culture, most of the families made clear their expectations of the informants after they were released from the treatment centre. Some informants complied with their families' demands as a way of showing respect. Others fought their parents for freedom and control.

Elsa lived with her mother and the eldest brother's family. She described her family as traditional and conservative. After the death of the father, the eldest brother became the head of the family. Elsa seldom talked to her neighbour as it was a rule not to let others know about family problems. When she wanted to join her friends for fun and pleasure, her brother exerted his control by stopping her from going out. She spoke of her coping strategies:

> *"Once, a group of female friends invited me to Karaoke. My brother scolded me. He did not give me his permission. I really wanted to have fun. I was angry with my brother who had a tight control over me. I told him just because I respected him. I went to the kitchen and drank a cup of water to calm myself down. I knew that I would easily lose my temper. I told myself not to gratify myself immediately. I became relaxed. I told my brother that I would not go out and helped him prepare tea." Elsa*

Similarly, Susan's eldest sister was suspicious of her when she did not stay in the house after work. Instead of arguing with her, Susan, who was the peer

counsellor of the treatment centre, told her sister about the extra work she did for the staff. More importantly, she took home a friend from the centre and this helped her sister to understand the job she did in the treatment centre. Susan continuously adopted positive responses with her family and showed her sister that she was committed to a drug-free life.

Fanny's mother was aware of the influence of addicted friends. However, Fanny found it difficult to live up to her mother's expectations since she liked to go out with her non-addict colleagues. While Fanny stayed in her aunt's house, she often quarrelled with her aunt, who tried to stop her from indulging in late-night activities.

> *"My mum and my aunt expected me to have a normal life by going to work. They didn't allow me to go out. I asked them not to expect me too much. In the past, I went out with the gangsters. Now I only go out with my colleagues to karaoke. Our restaurant closes at 11 o'clock. We often have some food afterward. I return home at 1 a.m. It's quite normal. My mum is neurotic. She rang me and scolded me. I think she is authoritarian."* ***Fanny***

The loss of a family member may have a great impact on the women. Elaine had resisted the treatment programme when she was in the W.T.C.. In the half-way house, she became close to a hostel warden who gave her support and guidance. Elaine suffered after her mother died in hospital. She pitied her mother, who had sacrificed herself by observing the traditional role of a Chinese woman in the family. Elaine made a resolution to change out of respect for her mother.

> *"When I lived in the half-way house, my mum had a stroke and died in the hospital. I felt pain and sad for a long time. I began to sympathise my mum. Her life was miserable. My dad is a serious*

addict. He never gave money to my mum. After my mum's death, we decided not to let my dad enter the house. Sometimes I told myself that there's no point to be good as my mum had already left me. However, the hostel warden encouraged me that I should continue maintenance as a fulfilment of my mother's wish." Elaine

In the answers to the open-ended questions, a drug-free young woman wrote of her family problems. Her mother had committed suicide. Her family had relied on self-help and had failed to cope with stress and anxiety. As an obedient daughter, the respondent continued to stay off drugs and took care of her family.

"One day I got a call from the police at work. He told me that my mum had jumped from the house [a multi-storey building] and had been found dead. I was taken back by this news. Later I knew that my mum had had a fierce quarrel with my younger brother that afternoon. He is using amphetamines with his peers. My mum tried to stop him from going out. She went to the toilet and jumped out of the window. My mum worked as a ward assistant in the mental hospital. She's a strong-headed woman. She adored my younger brother very much. Perhaps she had suppressed her feelings. After her death, I took up the family responsibility and looked after my family members."

The traditional Chinese family has to be redefined in a modern society like Hong Kong. Money may become an expression of filial piety. For example, the underlying factor which Helen used to manipulate her parents was her skill in earning money. That was why she could get her freedom even when her parents wanted to stop her late night activities. She explained why she had engaged in prostitution:

"My family needed money to move house. My parents asked me for money. That's why I resumed my work in the sex industry. In fact I could have refused them but I did not do so. Later, I just wanted to

have fun. At first I paid up all the money for the removal of the house. Then I borrowed money from the karaoke in order to keep myself busy. But I was very lazy and the interest rate went up." ***Helen***

As it can be seen, family can be the push-and-pull force in the women's re-integration into the community. In the relapsed group, 8 women reported that they had conflicts with their families prior to re-using drugs. This is supported by the evidence in the previous section about the development of coping strategies. Two relapsed women complained of poor relationships with their mothers and one spoke of her husband's infidelity. This may suggest that some of the relapsed group experienced negative reinforcement from their family relationships. The drug-free women also experienced family pressure, but they changed their coping mechanisms and communication. Another suggestion is that the drug-free women and the relapsed women differed in their interpretations of family pressure. The relapsed women saw this as coercion and control whereas the drug-free took this as care and discipline.

The above discussion is supported by the quantitative data. Table 8.4 shows that the drug-free group and the relapsed group differed significantly on the scales of family cohesiveness and control. The drug-free group saw their families as relaxed and cohesive. However, the relapsed group felt pressurised by their families when the families knew about their relapse. Both groups shared similar perceptions about their family rules of organisation, social rites and ancestor-worship. The communication with their parents was not spontaneous and reciprocal. This reflected certain aspects of Chinese culture. Influenced by Confucianism and Taoism, the Chinese family attaches importance to harmony, filial piety, self-reliance and

avoidance of conflict. To challenge authority, initiate conversation and argue back are not acceptable as it means being "disrespectful and impolite". As a result, the research participants seldom expressed themselves in their families.

Table 8.4: Means and Standard Deviations in Perceived Family Environment of the Drug-Free and Relapsed Groups

	Drug-Free (n=44)		Relapsed (n=24)		
	M	SD	M	SD	t-value
Cohesion	3.17	.53	2.75	.76	2.67**
Expressive	2.85	.70	2.50	.68	1.97
Conflict	2.82	.77	2.45	.58	2.04
Moral Religious	3.19	.39	3.11	.49	.76
Organisation	3.12	.63	3.07	.64	.35
Control	2.57	.55	3.14	.63	3.84**

Note: *p < .05 **p < .01 ***p< .001

8.2.5.5 Peer Relationships

The relapsed group and the drug-free group differed in their responses to drug-using friends. The drug-free women used different ways to avoid their addicted peers. For instance, when Susan was using drugs, most of her friends were active addicts. After treatment, she moved in with her sister to avoid meeting those friends who lived near her parents' house. Her social worker set up a contract with her to stay away from her former addicted friends. She found it difficult to communicate with her sister and so felt lonely and isolated in the house. Instead, she spent most of her time in the recreation centre of the aftercare office.

> *"I would get bored when I was alone. I don't know how to get a friend. Often, I would think of the past peers. Recently my social worker gave me the telephone number of one abstained dischargee. I would try to contact her and go out, so I would not be bored." Susan*

In another case, Lisa lived with her uncle after discharge. She mentioned that some drug-using friends asked her for money when she visited her parents. Often she was accompanied by her father and walked away from them. In a different situation, Elsa realised that she had made a mistake by giving her telephone number to another woman who was also discharged from the centre. Elsa was afraid of being influenced by her drug-using friend. Elsa asked her sister-in-law for help.

> *"When a woman I knew who re-used drugs rang me, I was frightened and upset. I told my sister-in-law that I was close to the woman in the treatment centre. I even gave her my phone numbers. My sister-in-law scolded me. I suggested to her [my sister-in-law] that if she called again, she had better tell her that I had moved out from the house." Elsa*

The data from the open-ended questions show that the reason for one younger woman's relapse was her attachment to her addicted friends. Although one older woman had moved away from the place where she had used drugs, she reported that she lacked the confidence to make friends with non-drug users. She re-used drugs in response to the influence of her peers.

> *[Younger woman] "It was because I could not stay away from the addicted friends. They had been very important to me. Somehow, I could easily accept their habits and relapse into drugs."*

> *[Older woman] "I felt bored staying in my sister's house. Since I had no courage to find straight friends, I turned to the past addict peers. I could only talk to them."*

Since they recognised the temptation that might arise if they associated with their former friends who were addicts, the drug-free women chose to avoid them by seeking help from their social workers and family members. The relapsed women,

however, approached such friends in order to try to satisfy certain social and psychological needs.

8.2.5.6 Work Pressure

After treatment, most of the women were encouraged to get a proper job so that they could structure their time and earn a living. Some women found themselves lacking the vocational skills necessary to secure a normal job. For example, Susan was employed by the treatment centre as a peer-counsellor. She acknowledged her fear of open employment.

> *"I was afraid of those things which I could not get hold of. Since I had been using drugs for a long time, I found it difficult to face society. I never had any vocational training. I had worked in the saloon and singing lounge. I knew nothing of other work. Perhaps I could learn driving and equip myself with working skills." Susan*

Indeed, for most of the women, a proper job in the community meant that they had to acquire new job skills and cope with work pressures. In one case, Fanny, a younger informant, identified herself with some of her colleagues by drinking beer and singing karaoke after work in order to cope with stress and anxiety.

> *"I learned from the treatment centre that I should work hard and be responsible. When I worked in the Chinese dim-sum restaurant, I was very busy and could not stop working. The customers were all villagers. I was impatient when they asked me for three or four pots of China tea. They just shouted at me and were very rude to me. I feel stress at work. My colleagues just gambled, drank or sang karaoke after work. We had to relax in this way. Otherwise we cannot cope with the work pressure. **Fanny***

Elsa, an older informant, also worked as a waitress but could not accept the work environment, which was characterised by low pay, demanding work and long working hours. She never stayed in one job for long and avoided pressures by changing from one restaurant to another.

> *"I worked very hard in every job. I could face the work pressure. But I don't want to force myself. Work is hard for me. The female staff liked to ask my past history. They were nosy and liked gossiping. I know many things on the cognitive level. If I can face this, I could make myself more mature. But I choose to escape. This makes me more comfortable." Elsa*

In the open-ended questions, the drug-free women reported their ambivalence and inner struggles. The following statements highlight the fact that some younger and older women took their jobs seriously and overcame difficulties by working hard.

> *[Younger woman] "After leaving the hostel, I worked as a saleslady in a boutique. I got bored easily and standing all day really made my feet hurt. I clearly understand that the road to recovery is full of hardship. Sometimes I am insecure. I keep reminding myself not to indulge in pleasure and materials."*

> *[Older woman] "I found a job as a dish-washer in the fast-food shop. Though working is very difficult most of the time, I am happy. It is simply because a pedestrian life is always good. I feel contented when I am with my family, playing and shopping with them in my spare time."*

There are common themes in the data from the drug-free women who had a regular job. During the treatment process, most young women reported that they had acquired work habits and responsible behaviour. Their strategies for coping at work ranged from positive thinking (a pedestrian life is good), positive behaviour

(working hard), positive avoidance behaviour (changing jobs), to seeking social support (going out with colleagues or family members). Their reasons for enduring the hardship of work were to structure their time, earn a living, show their working abilities, meet new friends and strive for a drug-free lifestyle.

8.2.5.7 Social Functioning

The data drawn from the questionnaire demonstrated that the drug-free group differed from the relapsed group in the scope of their social lives after discharge (Table 8.5). Of those who reported having a wider social life than before treatment, 7 (29%) were from the relapsed group and 28 (63%) were from the drug-free group. The relapsed women explained that, despite their drug-taking habits, they often went out with addicted friends who had been discharged at the same time. Their leisure activities ranged from Karaoke, drinking, playing mah-jong, and shopping to going to restaurants. There was no difference between the drug-free and the relapsed groups in the type of social activities except that the drug-free women participated actively in activities organised by the Women's Chapter and the Youth Volunteer Group** of the W.T.C.. The drug-free group found the community service projects, co-ordinated by the Alumni Association, fruitful and meaningful as they could help the elderly, and handicapped and other children.

** A group of community non-addict and ex-addict volunteers form the Youth Volunteer Group. A social worker of the WTC is responsible for the recruitment and training of the volunteers. The rationale for this group is to promote befriending between non-addict and ex-addict volunteers. It is assumed that both can learn and grow in the process of planning and organising activities.

Table 8.5: Comparison of the Relapsed Group and the Drug-Free Group on Social Scope after Discharge

	Drug-free Group (n=44)	Relapsed Group (n-24)
No difference	6 (14%)	11 (46%)
Wider than before treatment	28 (63%)	7 (29%)
Narrower than before treatment	10 (23%)	6 (25%)

10 (23%) drug-free women had become quiet and withdrawn after treatment because they had difficulties in meeting new friends. 6 from the relapsed group shut themselves off after they re-used drugs. However, a small group of drug-free women had withdrawn from social activities because they were working long hours and were trying to avoid mingling with addicted peers.

An analysis of covariance (Table 8.6) revealed that the drug-free group was significantly different from the relapsed group in their reports of the numbers of confidants ($F=7.10$, $p=0.10$). 22 younger and 11 older drug-free women had 3 to 9 confidants from whom they could seek support and advice. The type of confidants included family members, recovered staff, social workers, ex-school mates and colleagues. Only 5 younger and 7 older relapsed clients claimed that they had one to four confidants with whom they could talk over personal problems.

Table 8.6: Number of Confidants (Drug Use by Age Group)

	Drug-Free Group (N = 44)		**Relapsed Group (N = 24)**	
Number	Younger	Older	Younger	Older
0	0	2	4	8
1 – 2	7	2	4	6
3 – 4	13	5	1	1
5 – 6	2	4	0	0
7 – 8	4	2	0	0
More than 9	3	0	0	0
Total	29	15	9	15

8.2.5.8 Relationships with Social Workers and Recovered Staff

The quantitative findings from the survey demonstrate that social workers and recovered staff acted as confidants and advisers to those in the drug-free group. Fanny described how her social worker confronted her irresponsible behaviour. However, she took this as a sign of concern. The social worker's role was to give a clear advice.

> *"I trust my social worker. I take her as my example. I feel that she really helped me. My peer would never confront me but my social worker would scold me. I felt that she just reminded me of something. It seemed that I was always in a state of confusion and needed someone to warn me against dangers. My friends would not point out my faults. Then I might be wrong again."* ***Fanny***

After treatment, Elsa's relationship with her social worker improved. Whenever she felt frustrated by her work or her family, she would ring her social worker and seek support and advice. She saw her social worker frequently and participated in the activities provided by the Alumni Association. The style of her social worker is to give her support and enhance her problem-solving skills.

> *"I feel relaxed in seeing my social worker. She gave me a book to read. It's about how to understand myself. Every time I saw her. We talked about the discharge plan. I told her my problems. She listened to me. She taught me how to face and solve each problem. Sometimes I would take her advice. Sometimes I found it difficult to apply what I had learned."* ***Elsa***

During the aftercare process, a woman may go through different responses to her social worker. For example, Helen had to a stay five months in the half-way house while her social worker arranged for her family to move house. In the first

three months, Helen worked hard in a fast-food shop and behaved properly. She made the following comment about her social worker:

> *"My social worker listened to me. I knew that she would pressurise me to do good. This did me no harm. I just liked to depend on her... Whenever she makes demands of me, we discuss this and nothing [of conflict] will happen... I just promise her things that I can do; moreover, it's fate that brings us together. We will continue this step by step... I am really scared of myself, whether I manipulated her [social worker] unconsciously."* ***Helen***

On one occasion, Helen broke the hostel rules by going out with her colleagues to karaoke. She returned to the hostel at two o'clock in the morning. The social worker felt upset and stopped her from going to work that day. There was a struggle for power and control between Helen and her social worker. The social worker began to realise that she was being drawn into a game of manipulation, blaming and hurt. Finally, Helen went back to work and got her punishment in the evening. After the event, both Helen and her social worker acquired a new level of self-awareness.

> *"I remembered that I would fight with my mum if she wanted to lock me in the house. I would lose my temper and even beat her. I could not maintain an intimate relationship with others... My social worker said that I could be good for the first three months. Then I turned myself into a devil. I don't know whether she is my friend or my social worker. I wish that she could never predict my behaviour."* ***Helen***

From the social worker's perspective, Helen had a double character. Outwardly, she lived up to the expectations of the authority figures and showed her "good girl image". Deep down, she greatly resented external pressures. Whenever

she found it difficult to cope with stress and anxiety, she would become restless and rebellious.

After discharge, Helen worked as a hostess in the Karaoke night club for three months to meet her parents' request for money. She continued to stay drug-free because she did not like the drug-using lifestyle. There is an implicit rule about drinking alcohol to please customers in the sex industry. Helen tried to keep her drinking under control. Meanwhile, she saw her social worker frequently because she needed social support. She changed her view of the social worker a second time.

> *"I like to imitate my social worker. She has a good image in my heart. There was a time we had a fight. It was because I did not talk out my problems. I wanted to have more freedom but I didn't use the proper method. I was in a negative thought. I just didn't tell her about me...After the discharge, I was like a tree, swinging from one side to another. I was very unstable. I felt that my social worker could help me. I just told her everything. She helped me reintegrate into the community. Basically I trust her."* ***Helen***

During the treatment process, Lisa had been attached to her social worker. The following shows how Lisa struggled to become independent of her social worker.

> *"Sometimes I feel that my social worker is like my mum. She instructed me to do this and stopped me from doing that. Her rationale is that I have a low self-control. I wanted to prove she's wrong. I would be strong and independent. I understand that people can never protect me through life."* ***Lisa***

Lisa shifted her dependence from the social worker to a recovered staff member. In the W.T.C., each recovered staff member tries to support 2 to 3 newly

discharged women in the community by befriending them. Lisa's view of her recovered staff member was as follows:

> *"My social worker is very busy. I got bored after work. Now I could go out with XXX (a recovered staff) for cinema-going, shopping and eating. She would listen to me. XXX told me that she would tell my social worker my progress. Compared to my social worker, I find it more at ease to be with XXX."* ***Lisa***

However, there can be problems with befriending when the recovered staff member develops personal feelings about the service-user. For example, one recovered staff member turned such a relationship into a destructive and manipulative one. Susan made the following comment on the relationship.

> *"XXX was very nice to me. She accompanied me when I was at the lowest edge. Recently, I find that she treats me like her daughter and becomes manipulative and possessive. She expects me to obey her. If I do not follow her advice or refuse to go out with her, she thinks that I do not respect her. She complains that I forget about her and try to hurt her. She just induces a sense of guilt. I decided to keep a distance from her."* *Susan*

Although the findings are drawn from a small sample, they have important implications for aftercare service. The relationships between the social worker and the recovered staff and their clients differ according to personalities, situation, time and place. The women shared different views of social work intervention. Some younger women were emotionally unstable, struggling to move from dependence to independence in their relationship with key social workers. Some older informants developed a trusting and stable relationship as part of their way of maintaining abstinence.

8.2.6 Personal Values and Life Change Events

Based upon the data from the questionnaire in the survey, a t-test was conducted to analyse the women's values and life change events. There was a significant difference between the drug-free group and the relapsed group in their perception of self-competence (Table 8.7). Their self-image may be positively reinforced by their successful experience of abstaining from drugs. Whether the moral part of their "self" began to develop in the treatment process or not, the group rated themselves high in terms of being helpful, self-controlled, responsible, honest, loving and forgiving on the scale of morality. They also described themselves as independent, capable, logical, courageous and broad-minded on the scale of competency.

Table 8.7: Means and Standard Deviations in Personal Resources and Life Change Events for the Drug-Free Group and the Relapsed Group

	Drug-Free (n = 44)		Relapsed (n = 24)		
	M	SD	M	SD	t-value
Personal Values					
Competency	2.79	0.56	1.90	0.42	6.78***
Morality	3.42	0.54	2.58	.68	5.65***
Life Change Events					
Positive Life Events	1.49	.133	1.14	.154	9.63***
Negative Life Events	1.17	.139	1.26	.152	-2.29

Note: *p < .05. **p <.01. ***p < .001.

The relapsed and drug-free groups did not differ in their experiences of negative life events. The drug-free group, however, viewed their life events more positively. They saw work as a challenge to their abilities, and family pressure as an expression of care and concern. Moreover, they were willing to participate in formal and informal activities, meet non-addict friends and develop new interests. The

events which many of the relapsed interviewees reported were loss of job, reconciliation with addicted partners, keeping contacts with addicted peers and resuming late-night activities. The question arises as to whether the women chose their lives and brought about these events.

8.3 A Narrative Analysis of the Post-Treatment Experiences

Marlatt's relapse prevention model (1999:30-31) guided me in analysing the women's relapse situations. Instead of dichotomising drug-free and relapse into two separate stages, Marlatt (1999) emphasises "lapse" as the "grey area". Lapse is defined as a slight error. People who have a lapse to drugs, may either turn it into a full-blown relapse or stay drug-free. For this reason, relapse intervention is a therapy that addresses the issues of relapse episodes. From Marlatt's perspective, risky situations are determined by intrapersonal environmental factors and interpersonal factors. The intrapersonal factors include coping with negative emotional states, testing personal control and giving in to temptation. The interpersonal factors are social pressure and coping with conflicts. Marlatt's model provides a framework for studying the relapse situations. However, he presents a rational and systematic model but in real life situations, we see that the women's *life-world* is complex, chaotic and uncontrolled.

In what follows I shall present Diane's narratives of her lapse experience. It is meant to illustrate the combination of personal and social factors which explains the relapse episode. An issue relating to Diane's relapse was the conflict with her mother and aunt on a day's leave (i.e., interpersonal factors). She had not returned to the half-way house because she had taken drugs with her friends. One month later,

her boyfriend discovered that she had relapsed and prompted her to contact her key social worker. Diane's story is typical of many women who resumed drug use as a means of coping. They relied on drugs to deal with the interpersonal conflicts or the feelings of emptiness.

Diane found the place and staff strange to her when she first moved into the half-way house. She saw a difference between the W.T.C. and the half-way house in their programmes and activities. Initially, she engaged in this new experience and anticipated that she would do volunteer work. However, she had a desire to test her control over the world by visiting her father. The social worker was aware that the family environment might provoke her if she could not stop her father from drinking. As Diane recalled:

> *"I got bored in the half-way house as not many programmes were provided. I planned to join the Ex-patient volunteer training scheme•. Perhaps I expected too much. At the same time, I missed my father. I wanted to visit him on parole leave. A peer counsellor hinted to me that my social worker would not allow me to go home as she thought that the situation was risky. Actually, I also wanted to see my boyfriend. At the first interview after I had come to the half-way house, I told my social worker that I had begun to forget my boyfriend. The next time I saw her, she told me that my boyfriend was looking for me. I started to think about him."*

Diane was obsessed by thoughts of her boyfriend. The reality that her social worker would not allow her to go home produced feelings of anger. She felt that her personal freedom was threatened. Then her social worker reminded her that she

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• The Ex-patient Volunteer Training Scheme is designed to train the newly discharge women for work attitude and responsibility. Under the supervision of one senior staff, they would take up a placement work in the office or treatment centre.

might overestimate her ability to cope with risky situations. In the end, Diane was granted a day's leave with her mother. However, unpredictable things happened.

> *"Finally, I got a day's leave from the half-way house. My mum and aunt took me to a Chinese restaurant. My mum asked me about the rehabilitation programme. I told her how I had spent a year in the centre. However, she didn't listen to me. She scolded me for my past wrongdoing. She complained about my brothers' misbehaviour in a loud voice. She said she could not teach him anymore. I was very unhappy, but this didn't matter. Suddenly, my aunt said that it was good for me to wean myself off drugs. She suggested to me that I should earn money from prostitution later since her family had financial difficulties. Outwardly I did not refuse her request. Inwardly I felt upset. I thought that it was too much to ask me to be a prostitute after treatment. This gave me an excuse not to go back to the half-way house."*

The situation in the world outside revived Diane's memory, perception, feelings and old ways of coping. The treatment centre had provided an experience of social harmony for her as the residents and staff would support and communicate with each other. The restaurant scene, however, marked a conflict between Diane and her family members. She kept silent but inwardly felt resentment towards her aunt. She felt disappointed and frustrated as her mother did not listen to her. She felt strongly that she had been victimised. The idea of escaping from reality came to her mind.

> *"I told my mum that I was going to the toilet. In fact, I wandered around the shopping centre nearby. I began to think that I could not cope with this feeling. I could not find a way out. Then I wanted to have a drink. I bought four cans of beer from a shop. I went to the back door of the restaurant and had a drink. At that moment, it seemed that I was overwhelmed by some feelings which relieved me*

from the obsessive thinking. At times, I was ambivalent about running away. But later I didn't find it hard."

Diane's action is characteristic of many newly discharged women who resort to alcohol to change their mood. There was a demand from within herself that urged Diane to use beer to cope with confusion and frustration. The immediate effect was a relief from the "obsessive" thinking. In Marlatt's terms, Diane's drinking was caused by personal and social factors. First, the frustration experienced by Diane stemmed from her angry feelings towards her mother and aunt. Second was her irrational belief that she had no alternative. Diane was caught in a temporary moment of approach-avoidance conflict. The drink, which had a chemical effect on her, drove her down the road to a lapse. As she remembered:

"Then I got a taxi and visited an addicted friend. With a drunken feeling, I craved for drugs. I asked my friend to give me some sleeping pills. She said she did not have Librium with her but Up-John. I took ten tablets because I thought that I had a high tolerance level. In the past, I liked to mix ten or more tablets of Librium with alcohol in order to get a high. I never thought that I had not been using drugs for a year. I thought it had almost the same effect. I didn't know when I got the euphoric feelings. I only knew that I injected heroin. I was unconscious."

Diane had been a serious addict, and her body mechanism had built up an accelerating need for pills and tablets. She had been used to a large dose to obtain the desired effect of "getting high" but she had forgotten that she had stayed off for a year. On the basis of her past understanding, she put herself in a high-risk situation. In the end, she succumbed to the temptation of heroin. That was the last thing Diane had thought of but her drug-using habit had revolved around a pattern of drinking

beer, taking pills and injecting heroin. When she awoke, the resolution to stay drug-free had faded away and her mind was filled with intense agony and remorse.

> *"When I awoke, I asked myself why I had injected heroin. I felt upset. Then I drank heavily. Before that, I thought I just did not want to return to the half-way house. I assumed that I would drink beer but I would not use drugs. In my friend's house, when I thought of the unhappy event, I injected heroin again."*

Diane's life became chaotic. Being afraid that her mother would urge her to go back to the half-way house, she continued to stay with her friends. To make matters worse, she took drugs twice a day. At the interview, she mentioned her meeting with her boyfriend:

> *"I phoned my boyfriend and told him that I had been released from the treatment centre. We met in a café. He felt happy to see me. I told him that I had stayed off drugs. He told me he took heroin once as a little treat to himself ('Sum Yuen')*. I know that my boyfriend's dad is very strict and traditional. As my boyfriend stays with his family, his dad will not allow him to use drugs again. He works as a lorry driver and his working hours are very long. He gave me some money. I saw him infrequently."*

In one incident Diane's boyfriend discovered that she was on drugs. One night she took pills and became high. She vaguely remembered that she went to her boyfriend's house. She had a mental picture that she sat on a staircase near a back lane and kept crying while her boyfriend confronted her with re-using drugs. As a result, she moved in with her father and brothers and started to contact her key social worker. Through the counselling process, Diane was encouraged to seek treatment

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* The Chinese term *"Sum Yuen"* means "the wish of the heart". Among the drug-users in Hong Kong, they shared a common belief that they would not relapse into drugs if they tried heroin once for satisfying "Sum Yuen" (the wish of the heart).

from the methadone programme and to find a part-time job. Diane reflected on her experience:

> *"I am such a person who always go to extremes. Once I took an injection of heroin, I blamed myself and decided that I was hopeless and useless. Drugs were the available means for me to escape from reality.... Under my social worker's support, I attend the methadone clinic for detoxification. Now I stay in the house, doing the household chores. I learn a new response to face my father. I would leave the scene or listen to the radio. My brother told me that he expected me to turn over a new leaf. I understand that he really cares for me. I should try my best. Still, I am not confident. I have such a low self-image that I could easily give up if I encounter failure and frustration."*

Diane's experience of a lapse began when she felt disappointed with her mother and resumed using drugs as a means of coping with failure and frustration. There were other precipitating events. Diane became unstable after she was transferred to the half way house. She displayed anxiety and anger when her request for home leave was refused. The meeting with her mother and aunt made her feel powerless and helpless. In Marlatt's terms (1999), Diane's first lapse was her way of coping with frustration caused by the social situation (i.e., interpersonal determinant). My argument is that the situation does not have a single cause. Diane's symptom is the interaction between the person and the situation. She needs to learn how to handle anger, frustration and anxiety in response to her parents' destructive behaviour. Chapter 9 will give a detailed analysis of Diane and her family.

8.4 Discussion of the Qualitative and Quantitative Findings

The quantitative findings revealed the outcome for a group of Chinese women drug users after the treatment process. A total of 78 respondents participated in the initial interviews one week after discharge from the W.T.C.. Among the 68 women who were followed up later, 44 women had continued to abstain from drugs at the fifteen-month follow-up period. Even if we counted the 10 non-contacts as the number in the relapsed group, the abstinence rate stood at 56.4%. Although the drug-free group had stopped using heroin, they reported that they would use alcohol and cigarettes as ways of coping with stress and anxiety.

The results from the qualitative study reveal that Chinese tradition, with its emphasis on moral goodness and proper behaviour, generated the discrimination and social stigma which the women drug users experienced. As a group, many women ex-drug users felt excluded from society and found it difficult to adjust to "non drug-use" lifestyles. Social workers need to take note that their clients, when they first come into contact with society, may feel insecure in the social environment and experience setbacks.

Many factors impinge on the women once they are in the open environment. Therefore, it is difficult to specify the "necessary and sufficient" conditions that explain a woman's abstinence or relapse. The findings of both the quantitative and qualitative studies indicate that positive cognitive-behavioural coping, social support, positive life events and positive self-image are the four domains related to successful treatment outcomes. Family support can be a source of strength but it can also be a weakness, since some families keep all the problems to themselves.

In the survey, a substantial proportion of the relapsed group reported experiences of depression, boredom and escapism after discharge. This suggested a coincidence of their mood state and their reasons for re-using drugs. In the relapsed group, 15 women had relapsed as a way of relieving boredom and escaping from reality. The immediate consequences of relapse were family complaints and a sense of inferiority. The drug-free group, however, adopted a positive cognitive-behavioural coping strategy towards their difficulties. The findings from the open-ended questions and intensive interviews provide rich meanings of the difference in thinking between the drug-free and the relapsed groups. These two groups differed in their interpretations of "pressure" and "control". The drug-free women perceived the pressure from their "families" and "social workers" as their expressions of care and concern. However, the relapsed women complained about their family members' control and mistrust.

The quantitative findings are consistent with the quantitative data. Both show that there was a significant difference between the two groups in their patterns of adaptation. The more the drug-free group participated in their work, and family and social relationships, the more positive their views on life change events became. Both groups recorded the same level of negative life events in terms of poor health, conflict with superiors at work, being unemployed and meeting addicted peers. However, they displayed different coping mechanisms. The drug-free group was more attached to non-addicted friends and the recovered staff whereas the relapsed group was close to their addicted peers. The drug-free group also participated in the self-help group provided by the aftercare service of the W.T.C.. Therefore, the drug-free group rated high in self-concept at the follow-up study.

As noted in Chapter 4, Prochaska and DiClemente (1983) developed a stage model of change. Their view is that there are dynamic changes at dynamic stages. The process of change is a progression from pre-contemplation, contemplation, action, to maintenance or relapse. Prochaska and DiClemente (1983) emphasise the development of a trans-theoretical model which embraces different psychotherapeutic concepts and processes for helping the clients. Moreover, this model could be applied to self-therapy and treatment-assisted change, suitable for clients with a range of addiction problems such as smoking, alcohol drinking, and drug abuse. However, there are difficulties in fitting the Chinese drug-free women into the ideal stages of action and maintenance. In this study, one issue for many drug-free women is their use of beer and other forms of alcohol as a substitute for drugs. Another issue for some abstainers is that they take pleasure in late-night activities. Therefore, a re-definition of the stage model of change is required if it is to be applied to a study of the lifestyle of Chinese women ex-drug users. This is discussed in Chapter 10.

Marlatt (1999) introduces the term "lifestyle balance", which follows the principle of moderation in helping the client to maintain abstinence. The assumption is that in the recovery process, a person may make efforts to fulfil a lot of external demands such as work, family and social worker. However, this will generate tension and pressure on the person if his/her needs are suppressed. The idea is to help the client to identify things that he/she should do (i.e., to fulfil external demands) and that he/she wants to do (i.e., to relax and to enjoy). Presumably, an imbalance of lifestyles in the *want/should* ratio (i.e., the list of *shoulds* is longer than the list of *wants*) creates a desire for indulgence or immediate gratification. A person

may lapse into drug use in response to his/her desire for gratification. One criticism of the "lifestyle balance" intervention is that it may focus on the behavioural term by counting the number of "should/want" activities. However, people have different interpretations of their *"want"* and *"should"*, which fit well into their belief systems and lifestyles. For example, some relapsed women perceived work as a burden whereas other drug-free women enjoyed their work. In this way, it is important for the social workers to understand their clients' subjective meanings, and the circumstances in which their clients resume old behavioural patterns and the meanings of this lifestyle.

The lifestyle for the research participant can be categorised into three clusters: drug-using, ex-drug using and non-drug using (See Diagram 8.1). Chapter 6 presented a broad discussion of the women's drug-using lifestyle. The ex-drug use lifestyle emphasises a flux of stability and instability for many female ex-drug users at the early stage of re-integration into society. Being aware of social discrimination towards drug users, many women felt insecure about getting in touch with "normal" people. Their social networks were limited largely to their families, social workers, recovered staff and peers. The reasons some slipped into old behavioural patterns were that they wanted to satisfy their desire for fun and pleasure and to test their abilities. The activities included drinking beer or other forms of alcohol with a group of colleagues or ex-addicted peers, seeking excitement and joining late-night activities. At this stage, the role of a social worker is to warn them about the harms of certain habits and behaviour. The excessive use of alcohol may lead to drug use, and late-night activities may bring them into contact with past addicted peers. From the social worker's perspective, their client's desire for "harmful" indulgence should

have been extinguished 9 to 12 months after discharge. By that time, they would have developed a "non-drug use" lifestyle with new social networks and new habits.

Diagram 8.1: Three Clusters of Lifestyles of the Research Participants

When the data are analysed according to Marlatt's categories, it is apparent that the relapsed group identified their risky situation as an interaction of personal (relief from boredom and seeking euphoria) and social (peer pressure, influenced by husband, and escapist reason) factors. It is interesting to note that the drug-free women adopted different skills in coping with likely risky situations such as emotional distress, peer pressure and interpersonal conflicts. One difficulty in applying relapse prevention intervention strategies to the relapsed women is that they are resistant to seeking help from their key social workers. The research results also indicate that the drug-free women had acquired some positive cognitive behavioural ways of coping related to relapse prevention strategies during and after treatment. In fact, the basic concepts of the relapse prevention strategies are largely drawn from social learning theories and the problem-solving model.

This study shows that the quantitative and qualitative findings are consistent and complementary. The quantitative analysis revealed that, compared to the relapsed group, the drug-free group rated higher in their cognitive-behavioural coping, self-control, self-values and positive life events. The qualitative analysis supplies rich information about how the drug-free women transferred their positive

learning from the W.T.C. and social workers to their life situations. More significantly, the qualitative data shed light on an individual's account of the experience of lapse and on the nature and meanings of the women's relationships with family, boyfriend, and social workers. But what are the meanings, values and beliefs about change held by the research participants? The next chapter will examine the multi-dimensional aspects of the process of change.

CHAPTER NINE

THE PROCESS OF CHANGE

9.1 Introduction

In exploring the multiple dimensions of the process of change, the first part of this chapter outlines the common components of the women's success and failure during the follow-up period. Six prognostic factors were established in the quantitative analysis: positive life events, seeking social support, self-perception of competence, age, position in the work structure and length of stay. These are objective criteria and they can be used to assess the mechanisms, impacts and effects of the treatment process on a group of Chinese women drug users. The second part of the chapter focuses on a qualitative analysis of the process of change. Similar themes occur in the lives of the drug-free informants: their positive responses to life events, searching for a new identity, setting life-goals, and developing life-values. The life-goals for four of the drug-free informants were to fulfil their traditional roles of "daughter", "sister", "wife" and "mother". One young informant resumed her relationship with her mother and continued her study. Another young informant had relationship problems and was confused about her identity. One older informant struggled for independence from her mother while another older informant achieved her goal by helping other women drug users. Each found her place in society and some gained a sense of satisfaction in a drug-free existence. In the final part of the chapter, I present the women's and staff's definitions of a "drug-free" existence. The process of change and transformation, in the W.T.C. context, is the process of actualising *jen* (benevolence), *yi* (righteousness), *li* (propriety), *chih* (moral

judgement) and *hsin* (belief). The values of honesty, responsibility, care and concern are treasured by the women, who continue to strive for a drug-free existence.

9.2 Pre-Treatment, Treatment and Post-Treatment Correlation

9.2.1 Reliability and Validity of the Quantitative Data

In Chapter 6 it was shown that the women in the research group, when compared with those reported by the Central Registry of Drug Abusers (CRDA), were representative of the larger population in Hong Kong who were under treatment. In his discussion of statistical power analysis for the behavioural sciences, Cohen (1977) indicates that a sample of 100 respondents, at 5% alpha and a one-tailed test, would give a confidence level of 98% for the detection of treatment effect. The time limit of this research study did not permit the collection of data from as many as 100 respondents; however, data from 78 interviewees were available for analysis at the pre-test level and 68 were contacted for follow-up. Although this number is less than the ideal number of 100, the high follow-up rate (87.2%) meant that a moderate statistical confidence could be obtained.

A reliability test (Cronbach Alpha scale) was conducted to test all scales used in the small survey. Table 9.1 shows that a high internal consistency was maintained for most of the scales. In the long Form of Change Assessment Scale, the research participants had a high score of 70 at pre-contemplation, 55 at maintenance, but a low score of 44 at contemplation and 46 at action level sub-scales. The validity of the Change Assessment Scale for testing Chinese clients needs further exploration.

Table 9.1: Results of Reliability Test for the Measurement Scales

Measurement Scales	Cronbach Alpha Test
Motivation Scale	($\alpha = 0.7904$)
Personal Growth & Development Scale	($\alpha = 0.8342$)
A 32-item long Form of Change Assessment Scale	($\alpha = 0.5489$)
Community Oriented Programme Environment Scale	($\alpha = 0.6248$)
Family Environment Scale	($\alpha = 0.5063$)
Coping Behaviour Inventory	($\alpha = 0.7456$)

One of the strengths of this study lies in the adoption of a time-series non-equivalent comparison group design. Subjects were interviewed during and after treatment. The joint effects of two independent variables, age and abstinence, were examined to infer the effects of treatment on a group of Chinese women drug users. This design was found to be appropriate for studying effects before and after treatment on the one hand, and minimising the effects of different histories on the other. Presumably, the impact of history and maturation on the respondents is controlled if the whole group goes through the treatment process at the same period. Yet, the recruitment of a group of clients, who possess certain characteristics and motivations, may have some influence on the treatment performance. The ideal situation would be to select clients at random and set up a control group. However, in Hong Kong, resources are rarely provided for women drug users. An ethical issue arises if applicants are rejected when no other services are available. Nevertheless, data from the open-ended questions show that respondents, both relapsed and drug-free, truly reported their views of themselves, and of their treatment and post-treatment experiences. In many ways, the statistics should be taken as indicators of group performance over time rather than an individual definition of change and success.

9.2.2 Significant Variables Before, During and After Treatment

Table 9.2 lists all the significant variables which are drawn from the surveys at the treatment and post-treatment phases. In Chapter 5, the correlation of pre-treatment, treatment and post-treatment conditions was discussed. Both the Pearson Product-moment Correlation (PEARSON CORR) and Regression Analysis procedures were used to explore the direct and indirect effects of the significant variables on drug-free behaviour (Table 9.2). Caution must be exercised in interpreting the results of the statistical analyses and the pattern of the results from the open-ended questions since the small sample size may threaten its validity.

Table 9.2: A Description of Significant Variables Before, During and After Treatment

Pre-treatment	Treatment	Post-treatment
Age Drug history Source of referral Compulsory treatment Employment condition Marital status	Length of stay Position in work structure Discharge status	Drug use pattern Positive Life Event Scores of Positive-Cognitive Behavioural Coping Perception of Self-competence Employment condition Marital status

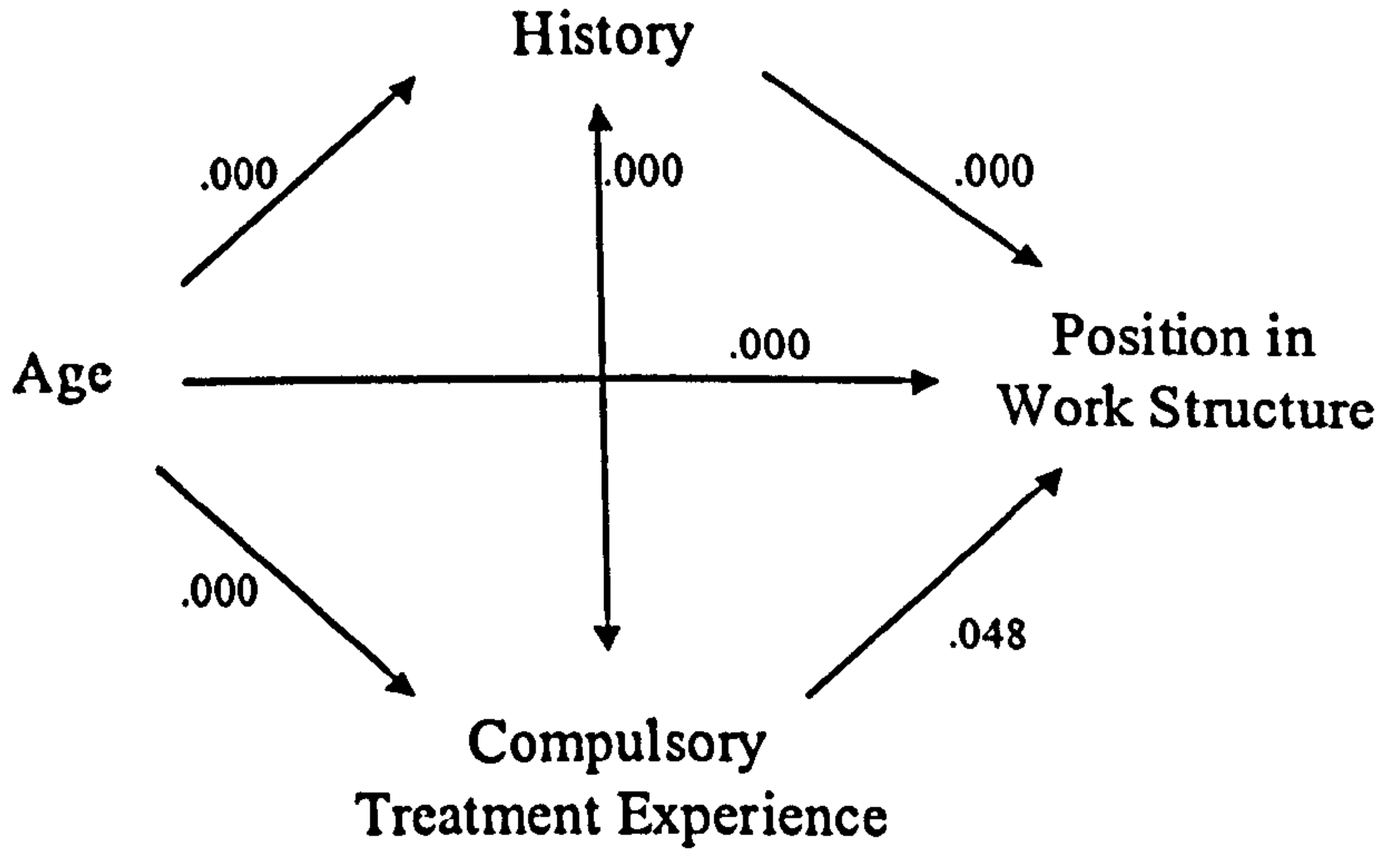
9.2.3 Pre-Treatment and Treatment Correlation

9.2.3.1 Quantitative Statistical Analysis: Age/ Compulsory Treatment Experience/ Drug History/ Position in Work Structure

There is no correlation between drug history and length of stay; nor is compulsory treatment and mode of discharge (See Appendix K). The results indicate that there is a negative correlation between greater age and leadership roles (See Diagram 9.1) for those who had a long drug history and previous compulsory

treatment experience. This suggests that the older women with a long drug history and compulsory treatment experience were unlikely to take up high positions in the work structure.

Diagram 9.1: Correlation Between Age and Leadership Roles

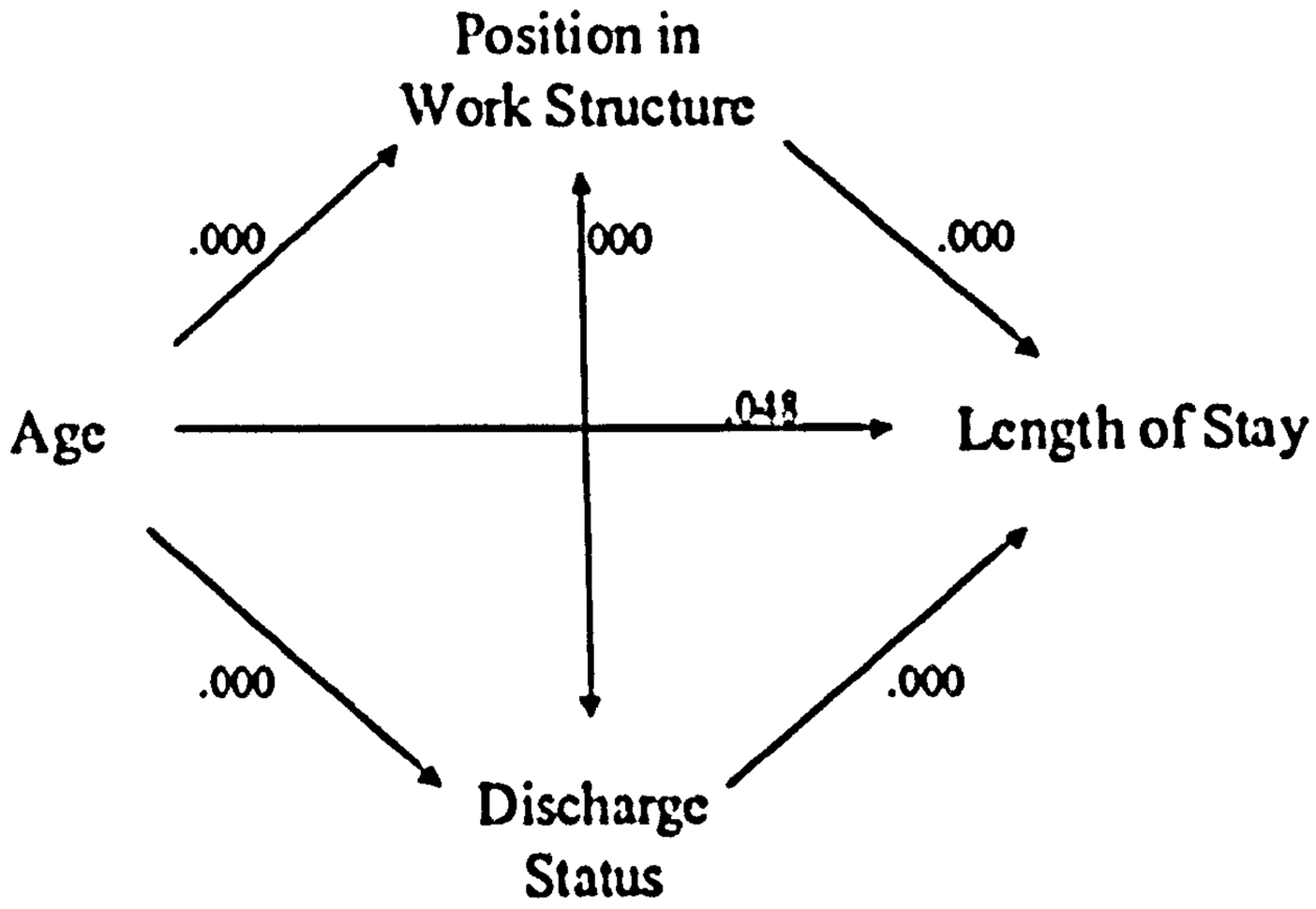


Note: * p < .05 **p < .01 ***p <.001

9.2.3.2 Quantitative Statistical Analysis: Age/ Position in Work Structure/ Length of Stay/ Discharge Status

Diagram 9.2 shows that greater age and length of stay are negatively correlated (See Appendix K). To a certain extent, the admission policy is the antecedent variable, controlling the age level of those who stay in the Centre. In this study, a total of 12 interviewees under the age of 18 were required to stay for a one-year full course.

Diagram 9.2: Correlation Between Age and Length of Stay



Note: * p < .05 **p < .01 ***p <.001

Diagram 9.2 also shows that the relationship between position in the work structure and discharge status is reciprocal in that they mutually reinforce each other. Age is the extraneous variable which affects the length of stay by the intervening variable of position in the work structure and discharge status. The findings indicate that those under 26 were more likely to hold a high position in the work structure, stay longer and complete the four stages.

9.2.3.3 Linking Quantitative and Open-Ended Question Data

In Chapter 7 it was shown that the group of younger women and the group of older women differed in their treatment results in terms of length of stay, position in the work structure and the completion of stages. Owing to their long drug history, compulsory treatment experience and distrustful characters, many older women made slow progress in the treatment process. Although the younger women rebelled against the programme at the very beginning, they began to learn positive coping

strategies from the individual and group programmes. There was a significant difference between the two groups in their relationships with the staff and other residents. This implied that the younger women were willing to accept the influence of the staff and the other residents. Of those who completed the four stages, 25 were from the group of younger women and 11 from the group of older women. Of those who took on leader's role, 25 were from the younger group and eight from the older group.

The common pattern drawn from the quantitative and open-ended question data is that women under 26 had positive results in length of stay, leadership experience and stage completion.

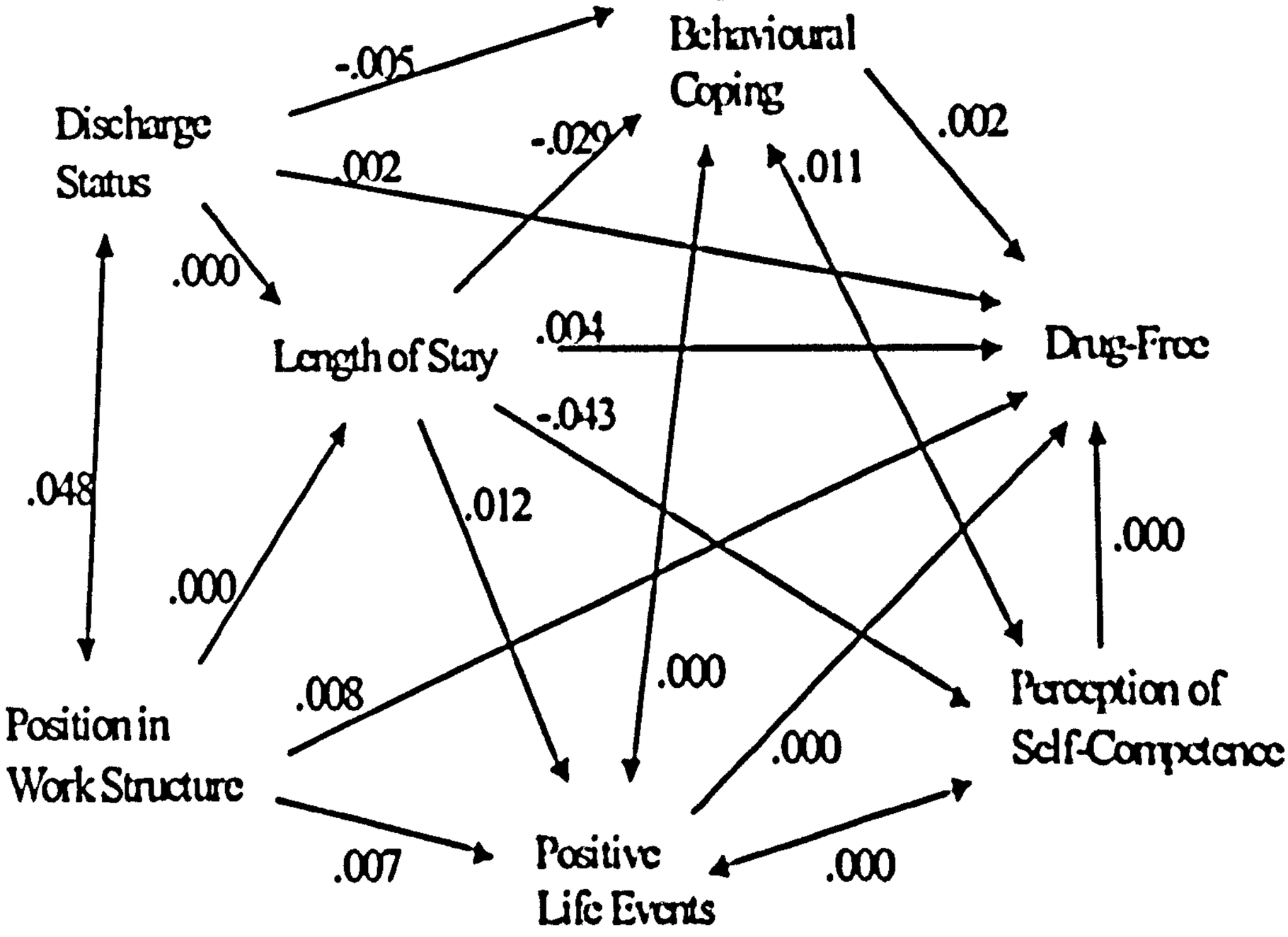
9.2.4 Treatment and Post-Treatment Correlation

9.2.4.1 Length of Stay/ Discharge Status/ Position in Work Structure/ Competence/ Cognitive Behavioural Coping/ Positive Life Events/ Drug-Free Behaviour

Diagram 9.3 demonstrates the coefficients of 7 variables: discharge status, length of stay, position in work structure, cognitive-behavioural coping, positive life events, self perception of competence and drug-free behaviour (See Appendix L). Some of these factors, such as positive life events, show the direction of influence, which is predictive of drug-free behaviour. Other factors are not, such as experience of leadership and stage completion. Discharge status and position in the work structure are hybrid factors which are correlated with cognitive-behavioural coping and positive life events, exerting indirect effects on drug-free behaviour. The other significant factor was length of stay. Respondents who stayed longer in the

treatment process were apparently able to consolidate their new coping skills. The findings suggest that those who stayed longer, held a higher position and graduated from the programme continued to stay drug-free for at least nine months.

Diagram 9.3: The Path Model of Treatment Performance and Outcome Criteria



Note: * p < .05 **p < .01 ***p <.001

9.2.4.2 Linking Quantitative and Open-Ended Question Data

The result of this study corroborates other research which shows that length of stay and mode of discharge are positively correlated with drug-free behaviour at the follow-up (Barr and Antes, 1981; Brook & Whitehead, 1980; De Leon & Schwartz, 1984). The basic idea of a T.C. programme is to provide a context which separates the clients from their drug-using environment over a sufficient period of time for them to internalise behavioural changes. In this study, length of stay had an

indirect effect on the women's abstinence through the variables of position in the work structure and discharge status during the treatment period and the variables of positive cognitive-behavioural coping and positive life events during the post-treatment period. The question is: Did the women benefit from the treatment programme and did it help them stay off drugs?

To answer the question, I move from the analysis of the findings for the group as a whole to the individual responses. The source of data comes from the open-ended questions (See Appendix D) which reveal the meanings for the women's learning from the centre. One from the older group reported that she did not trust people and hid herself during treatment. Of the 24 women who relapsed, four in the younger group and seven in the older group said that they just fulfilled the Centre's requirement and had learned very little in the treatment process. Despite this, even for those relapsed women the experience of the W.T.C. had some benefits. Three younger and two older relapsed women admitted that they learned communication skills whereas two younger and two older women had begun to realise the weaknesses in their characters in the treatment process. Three from the older group had learned to take care of others. Some relapsed women regretted their decision of giving up the learning in the centre.

The younger and older drug-free women shared similar views of their learning during the treatment process. Some women identified more than one aspect of learning. Six younger and five older drug-free women acquired responsible behaviour, which included being hard-working, caring for others, and trusting and supporting each other. Eight younger and three older women mentioned that they

had faced up to problems by identifying consequences, adopting positive thinking and sharing with others. Five younger and three older women learned the concepts of Transactional Analysis for self-understanding. Three from the younger group and two from the older group increased their self-esteem after treatment, and were more confident and independent. They adopted a stance of "I'm OK and you're OK". Four younger and two older women acquired the moral judgement to distinguish right from wrong. Three young women learned how to avoid their addicted friends. Finally, three younger and two older women focused upon learning self-control and managing their emotions. The fact is that the longer the women stayed in the treatment centre, the more they learned and practised these skills.

In the statistical analysis, the follow-up results indicate a major difference between the drug-free group and the relapsed group in their adoption of cognitive and behavioural coping. This suggests that the drug-free women actively used skills they had learned to discipline themselves, to avoid temptation and overcome difficulties at work, with their family and in social situations. The qualitative analysis of nine informants reported in Chapter 8 supports this argument.

The findings from the quantitative and qualitative data are consistent. The common pattern is that treatment effect and abstinence are related to the client's continued efforts to apply the coping strategies they had learned in their lives outside the W.T.C..

9.2.5 Pre- and Post-Treatment Comparison

The analysis suggests that the drug-free women displayed consistent behavioural patterns during and after treatment that helped them maintain abstinence. The argument is that pre-treatment characteristics such as age, education, marital status, source of referral, drug history and compulsory treatment may be the extraneous variables that influence treatment and post-treatment performance.

9.2.5.1 Correlation of Demographic Data

The possibility that pre-treatment differences could affect the outcome was investigated. A series of chi-squared analyses was conducted to examine the variance between the drug-free group and the relapsed group on the previously mentioned pre-treatment social characteristics. Statistically, age is the antecedent variable whereas source of referral is the intervening variable that accounts for the differences between the drug-free and the relapsed groups.

9.2.5.2 Linking Quantitative and Open-Form Data

A. Age and Source of Referral

Table 9.3 shows that there was a statistically significant difference between the younger and the older groups of women in their drug-free behaviour. The later section will discuss the use of regression analysis for testing different factors in drug-free behaviour.

Table 9.3: Voluntary Clients and Probationers (Drug Use by Age Group)

	Total No. & Abstinence rate	Drug-Free Group (N = 44)		Relapsed Group (N = 24)	
		Voluntary	Probationer	Voluntary	Probationer
Younger Women	29 (76.3%)	17	12	6	3
Older Women	15 (50%)	13	2	9	6
Total		30	14	15	9

The findings show that 23 women were referred by the Courts under a Probation Order• and 45 came voluntarily (Table 9.3). Of the probationers, the younger and the older groups were statistically different in their drug-free behaviour, evidenced by 12 younger probationers and 2 older probationers who remained drug-free during the follow-up period. However, when the variable of age is controlled, there is no significant difference between the probationers and voluntary clients in their drug-free behaviour. What we can infer from this relationship is that source of referral is the intervening variable. The findings may imply that there are different views of the probation status held by the younger and older probationers. The following quotations illustrate the complex situations between the women and their probation status:

> *[Younger woman] "I hated my Probation Officer, who instructed me to seek treatment. In the treatment centre, I would observe the rules but bore inner resistance. Since I felt that my mum, my social worker and other recovered staff were concerned about me, I began to accept their advice. I got a job in the factory where my mum is working. I stayed away from the addicted peers."*

• However the difference between Court Ordered and voluntary admission may be less clear cut than it appears. Many Probation Officers in Hong Kong arranged voluntary residential treatment for their drug-using clients. The probation period for women addicts varies from 18 to 24 months including a satisfactory stay in the treatment centre

[Older woman] "I am restless and resistant to being controlled by others. Since I couldn't accept criticism in the encounter group, I just followed the programme and learned nothing. After treatment, I relapsed because I wanted to experiment with drugs. I did not think of the consequences. Now I am afraid of being recalled by the probation officer. I do not want to go to prison. I can't stand cold turkey."

[Younger woman] "I took drugs under the influence of my addicted boyfriend. What impressed me was the learning of responsible care, self-understanding and positive change in the treatment process. Also I gained support and encouragement from my family, social worker and other recovered staff. Now I work as a peer counsellor in this centre. My Probation Officer is pleased to see me change and regards me as a good model for other probationers."

These quotations come from only a few of the women probationers but we should note the different interpretations of care and control by the older and younger research participants. Initially, most women perceived the Probation Order as an external control, which coerced them into treatment. During treatment, the women were helped to adopt a "drug-free" life pattern. The controlled environment brought the research participants into a consciousness of self and others. When they began to view what they had initially regarded as "external pressure" as "responsible care", the young probationers made a breakthrough in their relationships with their families and social workers. Throughout this study it is clear that it is the women's conscious thinking and reflecting on their experience that are factors in change.

The common pattern is that the treatment process, with its emphasis on control and discipline, creates positive change in those who interpret these as expressions of "care" and "concern".

B. Change in Self-Perception

Of the relapsed women, four younger and two older women saw themselves as capable and self-reliant before they came into treatment. They felt disappointed at their relapse. Two younger and three older women admitted that they still fantasised about drugs before treatment. They reverted to their drug-using lifestyles after returning to the community. At the follow-up study, three younger and 10 older relapsed women described themselves as "useless", "hopeless" and "inferior". A few reported that they regretted their relapse as it disappointed their families. The following excerpts reveal their stress and anxiety about re-using drugs:

> *[Older woman] "I feel like a heap of rubbish. I just let my parents down. I felt ashamed of myself. I always cry.... My mother-in-law scolded me. I am pregnant for 5 months and my husband is still on drugs. I don't know what to do."*

> *[Older woman] "Now I am at a loss, helpless and penniless. My mum was angry with me. I lost all my friends. I attempted suicide once or twice."*

> *[Younger woman] "After I relapsed, I had a lot of worries. I began to think that I should listen to other people's opinions in the treatment centre."*

One issue for many of the older women who relapsed into drugs was that their families expected them to fulfil the traditional roles of "mothers" and "housewives". Another was their attachment to addicted spouses, which formed a barrier to their seeking help. What is required is a treatment approach that meets the specific needs and concerns of the older female clients.

Changes in attitude and changes in behaviour reinforce each other. In Chapter 6, I discussed how the women derived their life meanings and self-value

from their drug use experience. It highlighted that the older women tended to have a lower self-image than the younger women. During and after treatment, the women's self-image increased with their drug-free behaviour. It is interesting to note the words that some of the older women used to describe themselves: "mature", "normal", "capable" "responsible" and "law-abiding". They felt cheerful and confident in their lives in society as they could "raise their heads and walk on the street without fear". The following excerpts demonstrate a change in their views before and after treatment:

> *[Before treatment] "I felt that I could do nothing except take drugs. I hated myself."*
>
> *[After treatment] "I can think more maturely and shall not lose my temper and blame others so often. Although there were times when I was unhappy, I had learned to think positively"*
>
> *[Before treatment] "I felt that I was a heap of rubbish. All I could do was to wait for my life to end."*
>
> *[After treatment] "I started to assume responsibility and improve myself. I learned to trust others and be open. I became more mature and less negative when facing failure."*

Most of the younger women shared similar perceptions to those of the older women. However, they had additional words such as "hopeful", "logical" and "persistent" in their self-perceptions. Their descriptions reflected an optimistic view of life and the level of satisfaction with their social lives. A total of 18 younger women felt happy, confident and considerate as they found meaning in their work, family and peer relationship.

[Before treatment] "I knew nothing about myself, being at a loss."

[After treatment] "I have logical thinking. Whenever I am depressed, I would read books in order to kill time. I would not indulge my wish."

[Before treatment] "I should do whatever I want and I didn't want to be controlled by anything. I had never thought about the future."

[After treatment] " I start to think about my future. I reflect on my feelings and discuss them with friends I trust. I shall do the right thing at the right moment."

Six younger women said that they felt inferior because they had poor social relationships, and they got bored with their unexciting lives. Another five younger women reported that, although they maintained normal jobs, they indulged in drinking, fun and late night activities.

The common pattern is that women who took action to change and reflected on their behaviour began to value themselves.

C. Marital Status

The pre- and post-treatment comparison illustrates that the drug-free group moved into new social groups after returning to society. This is shown by a change in marital status and work conditions. The reason why they make these changes is that they want to stay away from drugs and start a new life. In new social situations, they might be under different pressures but the chance of being tempted back to drugs was reduced.

Table 9.4 shows the marital status, by age group, before and after treatment. For those who remained cohabiting and married before and after treatment, two

younger drug-free women claimed that their partners had also received treatment and stayed off drugs. Of those who changed their marital status, six younger and three older drug-free women cohabited with non-addicted boyfriends after treatment whereas three younger and one drug-free women separated from their addicted partners.. As for the relapsed women who were cohabiting or married after treatment, two younger and two older women reported that their spouses also abused drugs. Two relapsed women said that their non-addicted partners left them upon discovering their relapse. It can be seen that drug addiction is not only mutually reinforced but changes the women's relationship with their non-addicted boyfriends.

Table 9.4: Marital Status Before and After Treatment (Drug Use by Age Group)

Marital Status	Drug-Free Group (N = 44)		Relapsed Group (N = 24)	
Before/After	Younger	Older	Younger	Older
Single (No change)	9	4	0	1
Cohabiting/Married (No change)	9	7	2	8
Divorced (No change)	2	0	0	0
Single to Cohabiting	6	3	7	4
Cohabiting to Single	3	1	0	2
Total	29	15	9	15

What does it mean when drug-free women choose non-addicted boyfriends? The following statements, drawn from the replies to the open-ended questions, show some of their experiences:

[Young woman] "I told my non-addicted boyfriend that I had been wrong. He replied that he liked me here and now and didn't care what happened in the past. I dared not tell him I was a drug user because I thought that he could not accept this. Sometimes, I could not accept my past as a drug user and a hostess... I was supported by my social worker and one recovered staff to continue this relationship. Now I am confident in myself."

[Young woman] "My family are concerned about me. Since I got a new non-addict boyfriend, I am more hopeful. I want to have a normal life. I feel that the future is more promising, and shall be entirely different from the past. I could settle down and have a family of my own "

The statements suggest that, for some women, a relationship with a "non-addicted" boyfriend is part of an aspiration for a "normal" life. In the early stages of their re-integration into society, many of the women expressed the fear that their "straight" boyfriends might discover their past drug-using lives. To a certain extent, the women were aware of the cultural expectations of the woman's role and the related proper behaviour. This explains why they felt guilty and ashamed of their past drug-using identity, prostitution and criminal records. Deep down, they wanted to live up to the image of a "normal" woman. Therefore they made efforts to behave themselves and continue a drug-free life. As they became confident in themselves, they made their rational choice of a partner.

The drug-free women who had separated from addicted partners made the decision to separate by assessing the desirable and undesirable outcomes of the choice. One interviewee reported how, in the treatment process, she was reminded by one of the recovered staff of the "heroin relationship" between herself and her addicted boyfriend. The decision process also reflects how she placed more value on a drug-free life than on dependence on the addicted boyfriend:

[Older woman] "One recovered staff reminded me that, if I stayed with my addicted cohabitant, we would reinforce each other for drug use. It I find a straight guy, he will have good influence on me. I thought about this for a long time. After treatment, I decided to leave my cohabitant. It's hard to make a decision since we've been

together for eight years. However, I don't want to use drugs anymore."

There were women who could not separate from their addicted partners for a variety of reasons. The statistics show that nine older women and one younger woman in the relapsed group stayed with their addicted spouses compared with only one older woman in the drug-free group (See Table 9.5). Two women reported that they relapsed into drug use under the influence of their drug-using partners. One interpretation is that their association with the addicted spouses triggered their thought of drug use. Another interpretation is the familiarity of the social environment which tempted the women back to drugs. For others, the interaction of their psychological needs and the "habitual" social setting is the cause. When they returned to the same social setting, the women found it difficult to break away from the habit of drug use.

Table 9.5: Comparison of Type of Spouse Between the Drug-Free Group and the Relapsed Group (%)

	Drug-free Group (N=44)		Relapsed Group (N=24)	
	Younger	Older	Younger	Older
Type of spouse				
Non-addict	8	7	8	3
Recovered	2	0	0	0
Active Addict	0	1	1	9
No Spouse	19	7	0	3
Total	29	15	9	15

D. Employment Conditions

There was a significant change between the relapsed and the drug-free group in their employment conditions at the time of the follow-up. In the relapsed group, six younger and five older women were unemployed and were financially dependent on their families or spouses (Table 9.6). Two older women in the relapsed group

stayed at home to take care of their young children. After their relapse, two younger and five older women worked in restaurants or fast-food shops to feed their drug habits. The findings also show that three older relapsed clients who had worked as dancing hostesses before treatment earned their living as waitresses after treatment. Two older relapsed women, who had engaged in prostitution before treatment, had joined their spouses' drug-dealing business at the follow-up period.

Table 9.6: Employment Status of the Drug-Free and Relapsed Groups

Before Treatment	After Treatment	Drug-Free Group		Relapsed Group	
		Younger	Older	Younger	Older
Unemployed	No change	1	2	2	1
Housewife		0	0	0	2
Service		3	1	2	2
Clerical		1	0	0	0
Dancing Hostess/PR		0	0	1	1
Dancing Hostess/PR	Housewife	0	2	0	0
	Clerical	2	0	0	0
	Service	11	4	0	3
	Unemployed	1	1	2	1
	Drug Dealing	0	0	0	2
Unemployed	Service	2	0	0	0
	Clerical	1	0	0	0
Drug-Dealing	Unemployed	1	0	0	2
Service	Unemployed	0	0	2	1
Clerical	Service	1	0	0	0
Various	Peer Counsellor	1	3	0	0
Various	Ex-patient volunteer	4	2	0	0
	TOTAL	29	15	9	15

Compared with the relapsed women, more drug-free women picked up full-time legal employment after treatment. 14 young and 5 older abstainers worked as salesladies, clerks, waitress and cleaning ladies although they had been engaged in the work of dancing hostesses and public relations in karaoke before treatment. They said that they felt ashamed and guilty about selling their bodies for drugs. By coming off drugs, they found their self-worth and developed a different attitude to

work. For example, one younger and one older woman recollected their work experiences as follows:

> *[Younger woman] "In the past, I did not stay in a job for more than a month. I always went out and played with my peers. Now I have a more responsible attitude to my job and, whenever I encounter failure or I want to take drugs again, I will face the problems positively and seek help."*

> *[Older woman] "Though working is hard, I begin to recognise my work abilities. My colleagues are supportive. I lead a simple life in order to stay drug-free. I feel very happy because I can be a normal person who is no longer under the control of drugs."*

A total of 4 younger and 2 older drug-free women had joined the pre-vocational volunteer-service training programme. Three older and one younger woman were employed as peer counsellors in the W.T.C.. The meanings of pre-vocational training and peer counsellor work for some women's abstinence will be examined in the cross-case qualitative analysis.

9.2.6 Regression Analyses

Regression analyses, with drug-free behaviour as the dependent variable and other prognostic factors as independent variables, produced an equation of treatment determinants. The six factors related to drug-free behaviour over the follow-up period are positive life-events, seeking support, younger age, a sense of competence, a higher position in the work structure, and longer stay in the W.T.C. (See also Appendix M). Table 9.7 shows a summary of the factors:

Table 9.7: Variables in the Equation of Regression Analyses with Drug Use as Independent Variable

Drug-free =		1.095266	(Positive Events)
	+	0.550028	(Seeking support)
	–	0.334869	(Age)
	+	0.307390	(Perception of Self Competence)
	+	0.193133	(Position in the work structure)
	+	0.004383	(Length of stay)

The first and second significant predictors are related to the post-treatment variables. The experience of positive life events (1.095266) is positively correlated to the women's drug-free behaviour. The data demonstrate that, compared to the relapsed group, the drug-free group reported a higher incidence of full-time employment, family support, social activities, contacts with non-addicted friends and the development of new interests. The second variable that explains abstention is seeking support (0.550028) as a coping strategy. This meant that the abstainers overcame their life difficulties by seeking help from their social workers, recovered staff and friends, and joining activities organised by the Alumni Association. In Chapter 8, the effects of aftercare services in supporting and guiding the women for social re-integration were shown.

Age (-0.334869) is the third predictor, which has an indirect effect on treatment outcomes through the variables of source of referral, position in the work structure and length of stay. Results from the pre-treatment and post-treatment analyses revealed that the younger women (under 26) had a statistically significant rate of abstinence. The analysis shows that, compared with the older women, the younger women tended to hold a higher position in the work structure and had stayed longer in treatment.

The fourth predictor is the perception of self-competence (0.307390). There is a coefficient of the variables of self-perception, positive life events and seeking support. To a certain extent, post-treatment experiences, such as job stability, family support and contact with non-addicted friends positively reinforced the women's self-perceptions.

The regression analysis shows that position in the work structure (0.193133) and length of stay (0.004383) are prognostic factors for abstinence. Apparently, drug-free behaviour is more significantly associated with post-treatment functioning (i.e., positive life events and seeking support) than treatment performance (i.e., position in the work structure and length of stay). However, the previous analysis shows a positive correlation between treatment performance and post-treatment functioning. This suggests that the longer the women stayed in the centre the more they were able to practise cognitive-behavioural and social relations skills. The treatment experience may have an indirect effect on abstinence through the intervening variable of help-seeking behaviour.

9.2.7 Discussion of the Analysis

The inter-correlation of pre-treatment, treatment and post-treatment variables serves to assess the effects of treatment at the group level. Although this is a detailed description of the pre-treatment, treatment and post-treatment factors, it cannot be regarded as a causal and conclusive study. Even so, it is possible to give some information about the treatment effect, in which length of stay, position in the work structure and discharge status are positively correlated with drug-free behaviour. Significantly, the treatment process provided an opportunity for those who stayed

longer and held a higher position, acquired new coping strategies and established new social relationships with their social workers and recovered staff.

The pre- and post-treatment comparison reveals that the group of younger women had a significantly better outcome than the group of older women. Many young women were coerced by parents and the Court to seek treatment. Despite this, they began to examine their problems, acquire new coping strategies and move towards change during the treatment process. It is interesting to note that younger probationers developed positive attitudes to the external control with the support of family members and staff. The high achievers in this study were those who were young, stayed longer and assumed a high position in the work structure.

Two outcome indicators before and after treatment were the research participants' marital status and employment conditions. The change of marital status reflected the drug-free women's awareness of the mutual reinforcement between the addicted couple, evidenced by 9 women cohabiting with non-addict boyfriends and 4 women giving up their addicted partners. Another fact is that more drug-free women, compared with those who relapsed, changed their jobs from prostitution to sales or restaurant service after treatment. The relationship between "proper" jobs and drug-free behaviour is mutually reinforcing. The problems for the relapsed women were their psychological needs of drugs for mood alteration, attachment to addicted partners, family conflicts and resistance to seeking help.

The treatment process had an effect on the women's coping strategies and social relationships in the post-treatment environment. Chapter 8 indicated that

some women learned problem-solving and communication skills from their experience of leadership and applied them in their life situations after discharge. More importantly, the W.T.C. can be seen as a place for the research participants to establish relationships with "helpful others" like social workers, recovered staff and some peers. These social relationships served as a safety net for some as they re-integrated into society.

It seems that the post-treatment functioning is essential for the women's abstinence. Post-treatment functioning refers to the women's mood state, sense of competence, work ability, and social relationships. These rely on a link between personal and social factors. The individual factor relates to the person's ability to seek support and establish a sense of competence. The social factors are the number of confidants and positive life events. As the women became more attached to their drug-free lifestyles, the more satisfaction they took in their relationship with family, colleagues, friends and social workers. The increase of self-competency and cognitive-behavioural coping constitutes their drug-free experience.

To some extent, the data from the closed- and from the open-ended questions are complementary. Together they show the common conditions, trends and patterns in the women's lives, how they initiated drug use, entered treatment, participated in the treatment process, and relapsed into drugs or took action to stay off. However, there are individual variations in their definitions of a drug-free life, which help construct the meanings of change and transformation. Data from the single-case and cross-case narrative analysis of nine informants may offer more insight into the themes, meanings and values in the process of change.

9.3 The Meanings in the Single-Case Analysis

Diane's narrative shows us that the cultural value of family obligation structured her sense of identity and definition of social relations. Her story reveals how her parents coped with poverty and life's difficulties by gambling and drinking. The parents' habits generated tension and conflict in the family and subsequently led to the mother's desertion. The father, who lost his wife, suffered from emotional distress and began drinking heavily at home. Diane blamed herself for encouraging her mother to leave and took pity on her father. To live up to the expectation of an "obedient" daughter, she found meaning and value in taking care of the family. It seems that she was destined for a life in a chaotic family, which subjected her to abuse and exploitation.

Diane's addiction is a symptom of family dysfunction. Over the years, she tried in vain to persuade her father to give up alcohol. She became disillusioned with her father, who favoured his son. As she grew up, she drank alcohol to control her thoughts and feelings about her family. Fate brought her into contact with an addicted boyfriend. From the Transactional Analysis's perspective, Diane repeated her "rescuer" role in helping the boyfriend to break the drug habit. As she failed to persuade her boyfriend, she gave in to the temptation of heroin. Her drug use can be interpreted as part of her life principle of taking a "victim" role.

In the treatment process, Diane's progress was very slow. She became depressed during the first two months of detoxification and convalescence. This impaired her social functioning; her concentration was poor, she lacked energy and she was withdrawn. Before treatment, she had been a serious addict, who took large

quantities of pills, tablets and heroin. She also attempted suicide. Her psychological problems persisted for three years. This might suggest that she suffered from dual problems of drug abuse and mild depression. After six months in the treatment centre, her depression lifted as she involved herself in individual and group counselling. Change could be seen when she took up the role of Head of Kitchen Section. She gained a sense of achievement from taking care of her crew members. However, Diane had a setback later when faced with failure and frustration. She was easily overwhelmed by feelings of hopelessness and helplessness.

How can we explain Diane's experience of relapse? One explanation might focus on her low self-image, which led her to interpret family events through a filter of unhappiness. Another might emphasise the uncontrollable aspect of her life circumstances. In her view, the depressive feelings of remorse could be controlled only by alcohol and drugs. Family relationships are an important theme in Diane's world. She believed that blood is thicker than water. After treatment, the more she idealised her mother's change of attitude, the greater was her disappointment over the incident in the restaurant. Certainly, her drug use attracted her boyfriend's attention. Later she began to change her coping strategies in relating to her father at home.

Family, relationships and self-image are themes that emerge from Diane's conscious experience before, during and after treatment. The single-case analysis shows that drug addiction reveals the complex nature of the human condition. We need to understand the social and cultural context, which shapes our clients' thoughts, values and behaviour. The Chinese "collectivist" culture is characterised

by the importance of the family or the group over the individual needs. Diane inherited these cultural values and took the "caring' responsibility as part of her life meaning. The stress and frustration in her family depressed her and led to her drug use. Alternatively, her drinking and drug use can be seen as identification with her father and boyfriend. Somehow, the treatment process helped Diane to understand the family dynamics and to identify and express her feelings. However, it will be a long process for Diane to learn how to handle the anger and frustration stemming from the family relationships, to move out from her family and live independently, to raise her self-esteem, and to find new values for her life.

Diane's situation reveals a problem for social work intervention, when the client and her family are caught in a vicious cycle. But, as we shall see in the cross-case narrative analysis, other informants escaped from this cycle. They improved their relationships with their families during and after treatment and relied on their support in maintaining a drug-free lifestyle.

9.4 Cross-Case Narrative Analysis

Many of the informants who took part in the intensive interviews were unable to pin down exactly what made them change and remain drug-free. The common pattern is that abstinence is a continuing process, and people have different reasons for abstaining at different stages. The reasons the informants gave were the same as those drawn from the quantitative analysis: social support, positive life events, change in life values, meeting a non-addicted boyfriend, and well developed coping strategies. However, staying drug-free is a continuing process, which challenges the informants' efforts and determination. Three themes can be seen in the informants'

accounts of their change, which were related to an event, the growing process and meaningful alternatives.

9.4.1 Change and Event

In this study, four research participants changed their behaviour after a critical event, partly because they reflected on their experiences and partly because they relied on social support for personal growth and development. For example, Elaine, an older informant, was resistant to the treatment programme at first. In the crisis caused by her mother's death, she resolved to become and remain drug-free to fulfil her family role of daughter. This critical event was her turning point:

> *"During my stay in the treatment centre, I was playful, irresponsible, sloppy and lacked trust. I would also compare myself with others and imagine that they were better than I. After my mother's death, I became awake. I was also very touched by the hostel warden's sincerity and genuineness. They encouraged me to turn over a new leaf."*

Elaine took up volunteer work. She made an effort to take care of the residents and learned to view things from a different perspective. After the training, she worked as a salesgirl in a cake shop and started dating a non-addicted boyfriend. She wrote down her view of life as follows:

> *"I feel free and have normal leisure activities. Now I don't have to think of different tricks to get money for buying drugs. I can control my behaviour, extend my social life and meet different people. I am a true human being. I would not be afraid of the social stigma, and, more importantly, I am free from the torture and humiliation that existed in the drug-using life." Elaine*

Elaine started living with pride and dignity when she came off drugs. She identified herself as a *"Ku Wei Nui"* (cunning girl) and her addicted father had taught her to earn money by any means. In fact, she was brought up in an environment of contempt and humiliation as the neighbours looked down upon her family with her drug-addicted father. After treatment, Elaine shared a renewed sense of strength and vitality with other drug-free women like herself.

9.4.2 Change and the Growing Process

Rose, a young informant, had felt at a loss after her father's death and struggled to search for her identity through an attachment to her peers and by experimenting with drugs. As we saw in Chapter 7, Rose began to learn coping strategies and to work through her feelings of abandonment during the treatment process. She also built up good relationships with her social worker, recovered staff and other residents. The following statement shows how she planned to stay drug-free:

> *"Initially my mum kept a close eye on me. I became obedient and responsible. My mum has changed. She would not lose her temper so easily. Now she can trust me and I have more freedom. I am still studying on a secretarial course. I go out with my ex-school mates who do not take drugs. I decided not to contact the addicted peers."*
> *Rose*

Rose was referred by her Probation Officer for treatment at the W.T.C.. The experience helped her recognise the legal consequences of drug use. After treatment, she developed a more positive way of thinking, saying: *"I treat drugs as my enemy, never let my thinking go into flights of fancy and am firm and assertive."* What

drove her to maintain abstinence was the desire to make up for the lost part of her life which she had wasted on drug use.

> *"My life is rich and fruitful, every minute and second is important. I would not waste any time." Rose*

The growing process for a teenage girl like Helen was full of excitement, pain and confusion. At the very beginning, she resisted any rules and regulations in the treatment setting. As the staff and residents set behavioural goals for her, she conformed and participated in the group activities. Chapter 8 described her stormy relationship with the social worker. At the second and third interviews, she emphasised that she did not feel in control of her impulses but stayed drug-free for the sake of her parents.

> *"I can't tell you how I control myself not to take drugs. I am just scared of heroin. In my heart, I know that I am afraid of relapse. Perhaps I just want to fulfil my parents' expectations." **Helen***

After discharge, her work patterns were unstable. She switched from restaurant service to work in the sex industry. She kept in regular contact with her key social worker and had insight into her change:

> *"As compared with before, I can accept myself more and cope with my strengths and weaknesses. I have become patient with my family. Still, I like to go out for late night activities." **Helen***

At the end of the follow-up study, she established two relationships with non-addicted men: one old man to pay off her debts and one young man for emotional support. In the interviews, she often talked about her conflicts with family, men and others. She kept looking for money, power and attention but felt guilt and shame at

her destructive behaviour. Although she had stayed drug-free for a year, it seems that she could never be at peace with herself and others.

Jane had a five-year-old daughter. In the treatment process, she began to resolve a complex relationship with her mother. Chapter 6 and 7 recounted a conflict-ridden relationship between her and her mother. After discharge, Jane decided to leave her non-addicted husband for the following reasons:

> *"I decided to separate from my husband. I didn't love him. I thought I should decide things on my own. I remembered after the birth of my daughter, he didn't come home and spent all his time at the Casino. At that time, I had suffered from depression. I told my mum of this decision. She just remained silent." Jane*

Three months after discharge, Jane joined the ex-patient volunteer training scheme. Soon Jane found it difficult to cope with her mother's nagging and scolding. She moved out from her parents and lived in a rented room near the aftercare office. Despite this, her mother always rang her and complained about everything. She was overwhelmed by a sense of unworthiness. As she recollected:

> *"I am still learning how to separate my feelings from my mother. I become not so pessimistic. I realise how difficult it is to stay drug-free. I rely not only on myself but also on my friend's help and assistance. I treasure the relationship with some recovered staff and recovered peers." Jane*

Over the year, Jane worked as an office assistant and regularly visited her daughter, who was cared for by her sister-in-law. She was elected as a Committee member of the Alumni Association and helped with the organisation of various activities. She explained why she maintained abstinence:

"I am afraid that I will lose everything if I take drugs again. I am tired of being trapped by drugs." Jane

9.4.3 Change and Meaningful Alternative

From Fanny's point of view, a drug-free lifestyle meant having freedom of choice. She made a distinction between the pleasurable feelings of drug use and those of a non drug-use lifestyle:

[Fanny] "When I was on drugs, people could make use of me. Even when I was very sick, I had to continue the drug dealing to feed my habits. I wanted to get a high in the past. Now I don't have to worry about money. I do not let others control me. If I don't have money, I would not go out in the evening. If I have money, I shall reward myself by going to the karaoke. I am very happy."

[Researcher]: "Are they (a high and being happy) the same pleasurable feeling?"

Fanny "They [the feelings] were completely different. I was controlled by drugs in the past. Now I can exercise control."

For Fanny, the meaningful alternative to drug use was to set a positive life goal. After treatment, Fanny had a strong feeling of being a true human being. What mattered to her was that she should set herself a goal to remain drug-free.

*"In the past, I was a living dead. Now I want to be a true human being. I have a hope. Being a human being and hopeful are interrelated. With a hope, I could maintain abstinence." **Fanny***

Fanny met a non-addicted boyfriend in the follow-up period. This raised her hopes of setting up a family and rearing children. As she recollected:

"My dream was to have a perfect family with my father and my mother. To my disappointment, I had a broken home. Now I am 26

*years old. I want to lead a pedestrian life. I met XX. He's very nice to me. He didn't know my past. My goal is to set up my own family and have my children." **Fanny***

Chapter 7 presented the early part of Fanny's post-treatment experience, which revolved around her mother, social worker, stressful work and late night activities. It can be seen that Fanny had different goals at different stages of change. The strings that held Fanny and her drug-free behaviour together were the demands from her mother and social worker, and her personal goals of love, marriage and family.

Elsa, an older informant, reached a turning point when she resumed contact with her brother. She reported that her family members treated her well and had begun to trust her after she had moved in with them. The presence of support from family members provided her with a meaningful alternative to addiction. Elsa remembered what she had learnt at the treatment centre and applied it in her daily life. The factors for her success were the blend of self-determination and social support. The following description shows how she adopted positive cognitive-behavioural coping:

"During treatment, I have learnt how to handle my emotion. I become responsible and think of the consequences. I learned from my past mistakes. It is important for me to reflect on the experience. I share my problems with my social worker and family members. I also disciplined myself not to go out for the late night activities."

Both Elsa and Fanny had a wish to marry a non-addicted boyfriend and to settle down and raise a family. However, Elsa's past caused her to feel inferior to others:

"I could never be a "good" woman. I had been a drug user and a dancing hostess, and was sent to prison. I think people would not accept me if they know about my past." Elsa

By the time of the last interview, she was interested in a customer and found out that he had a wife. Elsa had established relationships with a few married men in her former drug-using live. The question was: would she repeat the same mistake?

Immediately after discharge, Lisa, a young informant, continued to learn and practise positive coping by modelling herself on the staff and helping other residents. Her connection with the recovered staff and ex-patient peers in the W.T.C. served as a motivating force for her abstinence.

*"Through the ex-patient volunteer work, I help others and myself. I would show my concern to the residents who looked unhappy. For example, when they could not think of their problems in the labour exercise, I would use my experience to teach them. Although I am not mature, I could learn from the staff who had helped me. Then I could put this into practice." **Lisa***

Lisa's goal in coming for treatment was to resume her relationship with her non-addicted boyfriend in the village. In her mind, the non-addicted boyfriend was a meaningful alternative to a drug-using life. However, the boy's mother disapproved of their relationship. Lisa felt hurt that she had been discriminated against because of her past behaviour. She decided to bring her boyfriend in on the issue.

[Young woman] "One time I had a date with my 'straight' boyfriend whom I knew before treatment. He didn't turn up. I was very angry and phoned him. He said that his mum complained about me. She was worried that I would re-use drugs. In order not to make his mum suspicious, he suggested that I should not call him at home but page him if circumstances arise. I would get hold of him."

At last, Lisa's willpower helped her to achieve the dual goals of maintaining abstinence and marrying her non-addicted boyfriend. She made a transition in life. This would require her to take on different roles and responsibilities, and live up to different expectations and cope with different pressures.

In the process of change, Susan was involved in self-examination and self-reflection, which took her to the stage of "awakening". First, she was made conscious of her past behaviour and its consequences. Second, she learned to behave rationally. Third, she integrated problem-solving methods into her coping strategies.

> *"I have discovered something. When I was small, I didn't have the judgement to choose the right thing. I was fond of playing. Then I would not have to think of anything. As I was growing up, I took drugs, which gave me a means to escape. Now I become awake. I know what I am doing. I will not do things without reason. My principle is to think of the consequences. I won't escape anymore. I would weigh the pros and cons." Susan*

One manifestation of Susan's transformation is found in her compassionate feelings towards others. Susan gained insight into the meaning of being connected with others. By integrating her thoughts, feelings and actions into a "whole" being, she moved to another level of existence, which focused on the development of virtues such as honesty and responsibility.

> *"I did not know about conscience in the past. I could hurt you but I would not hurt myself or let others hurt me. Now I know that if I hurt others, it would be like hurting myself. I must be honest with myself. Now I am responsible for my family and work. I feel that if I develop a sense of responsibility, I will be happy at work." Susan*

In the follow-up period, Susan separated from her addicted boyfriend. She was attached to her family, social worker, recovered staff and peers, who gave her support and guidance. A mission in her life (i.e., a meaningful alternative to drug use) was to help other women drug users through peer-counselling work.

> *"My heart is not on drugs anymore. I don't want to be trapped by drugs. I find the peer counselling work meaningful. Seeing the residents come to the centre, it reminds me of my treatment process. The most important thing is that I accept advice from my social worker and other recovered staff."* *Susan*

The meanings, values and beliefs of the women around change are many and varied. Each encountered different life events. The research participants' definitions of the events led to their different responses and ways of coping. There were many relapsed women who said that conflict with the family was the precipitating event for renewed drug use. It seems that their life circumstances were out of their control. However, the drug-free women dealt with their family demands and life difficulties in a positive way. They had a balanced life of social support, work and other activities. The question is whether their willpower determined their life situations or the chance (i.e., meeting nice people) in life raised their hope of maintaining abstinence.

9.5 Change and Transformation

In Chapter 2, I discussed the Chinese term *Pien* (Change) as the alteration process and *Hua* (transformation) as the transformation process (Swanson, 1984). I posit that drug-free behaviour is the alteration process whereas a drug-free existence is the transformation process. From the Chinese perspective, a drug-free existence is

equivalent to a "true human being". The Chinese term "*Cho Suk*" (maintenance) denotes a moral tone of discipline and persistence. There is a representation in Chinese culture about the trail of a true human being. This explains why we adopt a definition of a drug-free existence which looks demanding. Chinese thinking emphasises the development of goodness between oneself and others. There is a belief in the moral cultivation of *jen* (benevolence), *yi* (righteousness), *li* (propriety), *chih* (moral judgement) and *hsin* (belief).

Similarly, many American theorists use a demanding definition of a drug-free existence. In their construction of the stage model of Change, Prochaska & DiClemente (1984: 28) define maintenance as "the continuance of change". In their view, the maintainer will take from 6 months to 5 years to remove their addictive behaviour and the old ways of being (Prochaska & Prochaska 1990). A drug-free existence, according to Yablonsky (1989:5), is a shift from "a firm self-concept of being an addict or an alcoholic" to "a coherent sense of identity which is free and responsible without any use of drugs". From De Leon's (1995) perspective, a drug-free existence is the adherence to the values of prosocial living, a change of identity and a wide social scene. Their definitions also postulate an ideal of a "drug-free being" who possesses the qualities "prosocial", "responsible", "free" and "continuance of change".

The ways in which the research participants define "drug-free existence" are important. The women's vision of a drug-free existence is to be a "normal" person. To be a "normal" person, for some women, is to be a "true human being" with hope, dignity, freedom and strength. The meanings they attach to a "normal" person are

social, psychological and philosophical. Eight out of ten informants continued to maintain abstinence during the follow-up period. Many had intense feelings towards their family generated by the conflict established by the cultural expectations. They expressed doubt, fear, confusion and disillusionment in the process of growth. Drugs were a means for them to fill in the sense of emptiness, cope with psychological distress and escape from reality. As they struggled during the treatment process, they gained new insights into themselves and others. Drug-free life influenced the women's relationships with others, particularly their family members. They began to accept their control as a way of concern and discipline. To be "normal" means redressing the imbalance of their old behavioural patterns.

For many respondents in the survey, their past drug-using lives were a psychological burden. They felt guilt and shame at their past identities as drug user, prostitute, prisoner or tattooed woman. From their point of view, a "normal" life is a "pedestrian life" in which they should limit their desire for alcohol, fun and late-night activities. Many younger women reported difficulties in balancing their "ex-drug use" lifestyles without drinking and pleasurable activities. At the early stage of their social re-integration, the drug-free women, particularly the younger ones, felt that they were controlled by their families and social workers. These "helping others" set limits on the women's pleasurable activities so that they would not expose themselves to temptation and cues for drug-taking. Over a year, many drug-free women learned ways of coping with stress and difficulties. They also found pleasure with other social activities and social relationships.

In this study, the research participants described their drug-using lives in terms of "a living dead", "a heap of rubbish" and "waiting for my life to end". Being drug-free means that they are free from the trap of drugs and non-being. More significantly, they had freedom of choice by exercising control over their lifestyles. To strive for a drug-free life requires the determination, capability and ability to overcome life's difficulties. The question is: what motivates the women to stop using drugs? There is a belief in multiple realities in Chinese thinking. Thus cause and effect are complex and interrelated. First, the women derived new personal meanings from the accumulation of events in the treatment and post-treatment processes. Second, there was the presence of "helping others". Third, women set different goals at different stages in their lives. Fourth, their interpretations of the life situations determined their actions in the social context. Fifth, the change in their life-views arose from participation in new roles and activities, taking the values of the other, and feeling good about the change.

Chapter 3 discussed the existential perspective, in which a person's values and beliefs are seen as shaped by history, society and culture. The challenge is to understand why some women changed their values in the treatment process and others resisted the treatment values. For some drug-free women, the treatment process provided a context for them to reflect on their drug-using experiences and learn moral values from the social workers and other staff. At the same time, taking up new roles and participating in the group process changed the meanings they held of themselves and others. Other women, however, found the treatment environment a threat to their freedom and were resistant to change. After treatment, those who took advice and gained support from families, social workers, recovered staff and

non-addicted friends continued to stay drug free. The fact that some women relapsed into drugs can be explained by their unwillingness to take advice from social workers, by their psychological dependence on drugs and the influence of addicted peers.

The views of the recovered staff members on the process of change were also significant as they had long-term (i.e., more than 5 years) experience of remaining drug-free. One recovered staff member recalled how she was helped to search for a meaningful alternative. The narrative highlighted an important aspect of the W.T.C. programme, which emphasised the actualisation of moral values.

> *[Recovered Staff] "The reason that I came off was the influence of people around me. My social worker taught me many things. I did not know what was right. Perhaps what seemed right to me might be wrong for others. It was important for someone to tell me about this. The person must be impartial. I observed how she treated others in a group situation. Then I began to trust her, for example, when I complained about my mum's control. She not only respected me but also helped me see things from my mum's point of view. If she just understood my feelings, this would just reinforce my miserable feelings. My social worker sympathised with my hardships, and motivated me to face reality. Just as I trusted her, I took up her values."*

The narrative has the characteristics of "modelling" (Bandura & Walters,1963), "socialisation" and "internalisation" (Berger & Luckmann, 1966). The social learning theory of "modelling" holds that the model influences the person's ability to control themselves through the transmission of self-rewarding and self-punishing responses. One criticism of learning theories is that the women in this study did not merely respond to environmental stimuli but acted on their

cognitive understanding of their behaviour before, during and after treatment. To some extent, the women in this study constructed their "drug-free" identities by learning "drug-free" roles and behaviour (socialisation) and assuming the values of other people who were important to them (internalisation). The process of socialisation and internalisation, in the W.T.C. context, is the development of a "moral mind". The same staff member's account of her experience supports this:

> *[Recovered Staff] "I learned the value of honesty in the treatment centre. I was used to shoplifting when I was on drugs. After discharge, I would not do wrong, but I could think in a wrong way. When I went to the supermarket, I still had the thought of greediness. I had struggled to surpass the wicked thoughts. As a gradual process, I came to understand more. All of a sudden, the thought of greediness has gone. Somehow, I even did not accept others who displayed their greedy mind. At that moment, I realised that I was transformed."*

One may argue that moral perfectionism, in the Chinese context, sets unrealistic goals for the clients. But these may be helpful. The reason why one experienced recovered staff member continued to improve and develop herself was that she had experienced several failures. From her point of view, the risk was out there, tempting her to cross the line into drug use:

> *[Recovered Staff] "When I was young, I knew nothing about life. I was taught by others to use heroin. I had been in and out of the treatment centre three times. My drug-using life was full of hardships. It was impossible to change my thought and behaviour within a one-year programme. After discharge, I chose to work here and help others. Otherwise, I could not have a full recovery. That doesn't mean I could stop and say that I could use drugs again. Maintenance is a continuing process. I have to use my willpower to overcome the difficulties. It's easy for me to give up everything — one puff of heroin."*

Another recovered staff member reflected on her sense of loneliness and how she discovered the importance of sharing and communication with others. This suggests that she had begun to recognise a common need between herself and others, and developed a concern for humanity. In so doing, she experienced a sense of being (care) and non-being (loneliness), thus liberating herself from anxiety and depression.

> *[Recovered Staff] "Perhaps I am afraid of loneliness. I feel that I should be good to others, make others happy and build up a true and genuine relationship with others. Before that, I tried to avoid the feelings of separation. Now I am getting old. I realise that it's fate that brings people together. Perhaps it sounds philosophical. Indeed, I understand that everyone is afraid of loneliness. I am alone, so I understand that I should be good to others."*

A social worker asserted that only those who internalised drug-free values could experience the process of transformation. From her experience, some of her clients stayed away from drugs because of social pressure but, after a while, they developed internal controls, which helped them sustain a drug-free existence. Their lifestyle was tied to normal work, family life and other social and outdoor activities. The social worker said:

> *[Social Worker] "One who adheres to a drug-free existence has to be constantly strong to improve herself. At the very beginning, she might stay drug-free under external pressures. She has got used to the routine associated with a drug-free lifestyle. Maintenance is a continuing process. Only those who internalise the values of a drug-free existence and stick to their resolutions can be deemed to be in a state of transformation. One should live in harmony with oneself and others."*

In Chapter 2 the three principles of change in the Chinese model were discussed. They are "*Pien I*" (constant change), "*Kan I*" (the simple order) and "*Pi I*" (the immortal order). The process of change, as viewed by one recovered staff member, was *Pi I*, the Mysterious Power, which explains the ultimate cause of order. The success of her treatment, according to her, was the timing of her admission with a group of supportive peers.

> *[Recovered Staff] "I think that time and things are important to a full recovery, with a harmony of Heaven [time], Earth [place], person and fate [opportunity]. If the girl met a group of peers who were willing to change, she would be influenced by them. A small event can lead to a big success. For example, if I had not come for treatment and met two to three peers who were motivated to change, I could never stay drug-free."*

The words of this staff member are open to different interpretations. Those who are resigned to the thought of "unalterable fate", whose views are pessimistic, whose lives are conditioned by negative experiences, are resistant to change. However, the recovered staff member used herself as an example to show that the process of change was a balanced force made up of her determination to seek treatment and the availability of social support.

CHAPTER TEN

OVERVIEW

10.1 Introduction

The objectives of this study were identified in Chapter One: firstly to examine the Eastern and Western views of the nature of change; secondly to explore the social and cultural influences on the women's experiences of using drugs before treatment; thirdly to assess the merits and shortcomings of adapting the T.C. approach in the W.T.C.; fourthly to conduct an outcome study by following up a group of women drug users after their return to the community; fifthly to investigate the women's difficulties in understanding psychotherapeutic language; sixthly to construct the meanings of change relevant to social work practice for women drug users, and finally to make recommendations about the provision of services.

In Chapters 2 and 3, differences between the Eastern and Western interpretations of causality, which were brought to light in this study, were highlighted. They revealed a different emphasis on the knowledge of human experience and the social world. The idea of "binary connection" allows Chinese social workers to absorb and integrate knowledge for practice. Chapter 4 was concerned with the subjective and objective reality of the W.T.C. programme. Here it was shown that the concepts of the T.C. approach in the W.T.C. have been transported and modified to suit the context of a Chinese community. The findings in Chapters 6 to 9 illustrate how some women made sense of and benefited from the treatment process, and had a drug-free lifestyle after returning to the community. This chapter begins by highlighting the factors, themes and patterns drawn from the

findings. The empirical study gives evidence to challenge the Western model of change. There should be a careful blending of different theories, having regard to the effect of Chinese values and language on Hong Kong women drug users' response to treatment plans. Part of the solution is to develop guidelines of a culturally sensitive social work approach to helping Chinese women drug users. A breakthrough of this study is that it forms a bridge between quantitative and qualitative research methods to further understanding of the women drug users' experiences. An evidence-based approach, which combines statistical and narrative analysis, has upgraded the standards of service and led to the organisational change of the Women's Treatment Centre in Hong Kong.

10.2 A Summary of Factors, Themes and Patterns in the Main Findings

1. Responses were collected from a total of 78 women in the pre-treatment and treatment studies. Research results indicate that the Chinese women drug users had a wide variety of life circumstances, as is evident from their unique descriptions of their life events. The cultural and social ethos shaped the family interactions and influenced the women's definitions of their social roles. The women's families attached high value to filial piety, self-help and self-restraint. However, the emphasis on cultural values generated tension and stress for their families in coping with poverty, crisis events and life difficulties. To a certain extent, drug use was the women's way of coping with situational stress and family pressures.

2. One aspect of this research is the comparison of 41 younger (aged under 26) with 37 older (aged 26 and over) women. Most members of both groups came from lower-class families. The older women, who had a longer drug history, differed from the younger women in that they had experience of compulsory treatment and out-patient methadone treatment. Compared with

the younger women, a higher proportion of the older women disliked themselves and felt unworthy and hopeless.

3. There were no differences between the younger and older women in the psychological meaning that drug use had for them. They took drugs for self-gratification, to satisfy their curiosity, to relieve boredom and to escape from reality. However, the groups differed in the social meanings of drug use. The younger women stated that they used drugs to identify with peers and to attract the attention of their parents and boyfriends, whereas drug-taking for the group of older women was a way of taking revenge on their addicted partners.

4. The findings indicate that, at the beginning of the W.T.C. treatment, the high level of confrontation from the staff made the interviewees feel insecure. Moreover, they had difficulty in understanding the psychotherapeutic language, which did not fit well into the characteristics of the Chinese language.

5. Both the staff and women interviewees described the W.T.C. culture as highly structured, well-organised, practically-oriented and supportive. The recovered staff saw their role as maintaining the systems and controlling the residents. The social workers played a major role in educating and helping their clients and their families to change.

6. The treatment process, with its emphasis on control and discipline, creates positive change in those who interpret the process as an expression of care and concern. A significant difference between the groups of the younger and older women was in their relationships with staff and other residents. The staff-resident relationship has an important meaning for the younger women since they perceived the staff's control as a style of "responsible care" for their personal growth and development.

7. The younger women were more likely to stay longer, experience leadership roles and complete the programme than the older women. In the S.A.R.D.A.

admissions policy, a pre-requisite for applicants under the age of 18 was that they had to commit themselves to a one-year treatment and rehabilitation programme. Twelve young women in the study who were under 18 were obliged to stay for one year to comply with the admissions policy. Despite this, experience of leadership and stage completion were indicators of the women's achievement in the treatment process.

8. 68 women were contacted 9 months after leaving the W.T.C.. 24 had relapsed after their return to the community. 44 women were drug-free; however, two of these women had tried heroin for a short period but were drug-free at the time of the follow-up assessment. The major reasons why the women resumed drug use were to relieve boredom, seek euphoria and escape from reality. Eight women reported that family conflict was the precipitating factor in their relapse. The group of women who had relapsed complained of depression and anxiety, and felt tense in their family relationships.

9. A comparison of the pre-treatment and post-treatment functioning shows that a high proportion of drug-free women were engaged in legal employment and actively avoided association with addicted partners. Work became meaningful for the drug-free women in that it formed part of a normal life and a connection with the larger society. Four drug-free women had separated from their addicted cohabitants and nine had found non-addicted partners after treatment. Having addicted partners is age-related. Nine older and one younger women from the relapsed group reported that their cohabitants were active addicts.

10 Statistical analysis show that, at the treatment stage, a longer stay and experience of leadership were correlated with a future drug-free life. At the post-treatment stage, positive life events, seeking social support and a positive perception of self-competence were the relevant factors.

11. Women who took action to change and reflected on their behaviour began to value themselves. The positive self-image of the drug-free women arose from their satisfaction with work, family, peers and social relationships, and

active participation in formal and informal social activities. The drug-free women perceived themselves as capable, responsible, independent, logical and caring.

12 Abstinence is a continuing process, and the drug-free women had different reasons for abstaining at different stages. The central theme in the change process of the drug-free women was that they acquired meaningful alternatives to drug use. The WTC context provided an environment in which the clients could learn to increase their capacity for moral reasoning, problem-solving, decision-making, emotional management and social relationships. Some developed a positive life attitude by comparing their values and beliefs with those of the social workers and the recovered staff. At different stages during and after treatment, each drug-free woman explored and established a meaningful alternative to drug use, sought social support and made efforts to change. For those who continued to stay drug-free, a drug-free existence meant being a normal person, a true human being with pride, dignity and hope.

10.3 Four Challenges to the Western Model of Change

This study is concerned about the questions of: What is reality? How do we know about reality? It was noted in the findings that the Chinese women drug-users and their families defined their self and social relationships within the social and cultural context. Four challenges have been put to the adaptation of the American T.C. approach and the Western psychotherapeutic theories in the W.T.C. programme.

10.3.1 The Challenge of the Western Assumptions of Causality

In Chapter 2, it was shown that the Chinese model of causality is based upon a unity of nature and human conditions, and the development of moral and spiritual values for self-and social improvement. What concerns the Western model is a

scientific study, which emphasises the process of hypothesis construction, empirical observation and testing and theory confirmation or refutation. The role of theory, in the Western model, is to provide an explanation of a certain phenomenon which is subject to modification or refutation. From the Chinese point of view, the Chinese and Western models are not in competition with each other as they belong to two different realms of knowledge. Both systems are used; the best features of each are adopted and each compensates for the limitations of the other.

People who take a dogmatic view insist that there are different ideologies and assumptions which may not allow for a combination of two paradigms or theories (Leininger, 1990). In real world practice, however, a single theory or approach cannot explain and solve all of the complex problems of female drug addiction. Chinese thinking guides the selection of theories which match the "collectivist" culture. For instance, the social workers of the W.T.C. integrate theories such as family therapy, Transactional Analysis, social learning theory, systems approach, a cognitive behavioural approach and group work theory in their practice. The W.T.C. approach is also characterised by an all-women staff and resident programme, a team of social workers and recovered staff, the modification of T.C. and psychotherapeutic theories, and an emphasis on Chinese moral values.

As this study has sought to show, the W.T.C. uses practical applications of Chinese life principles, therapeutic concepts and helping skills. In one sense, all the ideas, theories and concepts can be seen as a model of change. Each idea and concept is connected with others and can be treated as part of the whole, culminating in multiple explanations of female drug addiction. Various Chinese values,

community structure and psychotherapeutic methods coexist to enhance the individual's sense of self-esteem and responsibility. In another sense, each model has its positive and negative aspects. A reconciliation of the Chinese and Western thinking in the W.T.C. programme suggests that it would do better by integrating "Chinese moral principles" into "Western theories of practical application".

In the W.T.C. context, knowledge focuses on practice and actual behaviour in which moral values are transmitted and learned through action, language, modelling and taking on leadership roles. There is an intrinsic connection of action and mind, in that the women's system of thought (i.e., self-perception, perception of others, cultural values, beliefs and ideals) is reflected in their language, action and behaviour. In this way, the social workers and recovered staff are the most effective agents for teaching them a new way of being and a drug-free lifestyle. Each woman learns the values by observing the behaviour of others and constructs her own meaning of change when she interprets and applies them. Within the Chinese framework, change comes from action and practice rather than abstract explanation.

10.3.2 The Cultural Value Challenge

The social structure in the Chinese context emphasises "social roles" and "collective goals" (especially family) in which the individual interest is secondary (Gervais and Jovchelovitch, 1998). A person evaluates his/her action and its consequences on the well-being of others against the yardstick of cultural values or social norms. Chinese tradition, dominated by Confucianism, upholds the values of filial piety, obedience, respect, self-restraint, harmony and self-discipline. The relationship between a person and his/her parents is based upon the assumption that

they are responsible to each other and that their expectations of each other are mutual and stable. The problem of Confucian ideas is that family roles and expectations are distributed in a hierarchical system and parents have power over their children.

Traditional cultural beliefs are evidenced by the view widely held by the women and their families. The narratives of the early childhood scenes show that some informants' parents had worked hard and fulfilled their roles responsibly. They came from lower-class families and their fathers occupied low-paid jobs with long working hours. Marx's (1851) idea is that capitalism and the market economy account for the suffering, alienation and detachment of the lower class. It is hard to prove the effect of capitalism on individual and family. The findings only indicate that some Chinese lower-class families experienced a conflict between traditional and modern thinking. The informants' parents resorted to gambling, alcohol and drug use as their way of coping with poverty and life stress. As the informants' parents became more deeply involved in bad habits, the family faced increasing financial difficulties. Some parents abused their daughters and coerced them to earn a living. Through their narratives, the women expressed their frustration and anger at the family situations. Some women lived up to the expectations of an "obedient daughter" whereas others rebelled against the traditional social roles.

The study suggests that most women's consciousness of self was anchored to their cultural values and social experience of drug use. Many were conscious of their "drug-abuser" identity so that they felt inferior, isolated and miserable, losing confidence to face people and life. This result corroborates other research findings (Reed, 1985; Underhill, 1986; Wilsnack, Wilsnack & Klassen, 1984) which

suggested that women experienced guilt, shame and depression about their drug use. Younger and older women alike viewed themselves as "*bad, lousy, inferior, useless and hopeless*". They found the drug-using lives as "*lonely, unhappy, dull and meaningless*". They represent, in many ways, the Chinese women drug users who experience the pain, frustration, shame, guilt and depression in drug use. Typically, cultural values influence their own attitudes to drug use as well as those of others. The social stigma on women drug users reinforces their sense of guilt and shame when they fail to live up to social expectations of a woman's role.

The women drug users reflected the complex issue of social and cultural oppression of lower class women in society. The study also reveals that the lower-class family in Hong Kong is caught in a conflict between traditional and modern thinking. We may be tempted to think that female addiction is related to family dysfunction. I do not think this is the case. Firstly, evidence shows that some participants came from families which functioned normally. Secondly, other women with similar family histories do not use drugs as a way of dealing with family problems. We need to get beyond a stereotype of women drug users and pay attention to their special issues and life circumstances which prevent them from making a change and seeking help.

10.3.3 The Language Challenge

In Chapter 3, the difference between Chinese and English languages was highlighted. Linguists (Gregory, 1998) describe Chinese as an extreme case of an "analytic" language. This means that the understanding of meanings is derived from the context; reasoning comes from similar cultural experience. Chinese symbols or

characters represent a *logos* or unit of meaning, which can only be understood in context. Compared with English, Chinese lacks rules of tense, grammar and phonetic elements for the purpose of precision and logical reasoning. Despite this, Chinese, which is "full of instances of indefiniteness" (Freud, 1973:269 trans.), provides a basis for intuitive understanding and creative thought.

In what way did the W.T.C. communicate and transmit a psychotherapeutic language to the research respondents? The findings indicate that the women made sense of the confrontation from their own point of view. For example, some began to understand their drug problems whereas others regarded criticism as humiliating. This may reflect the "analytic" nature of Chinese. This knowledge can help the social worker and the recovered staff to identify their client's resistance. Through the counselling process, the key social worker conveyed care and concern to her clients. She also taught the clients the words for emotions, and helped them label their feelings. The Chinese language resists importing new words from foreign sources but finds a way to express new ideas by using combinations of existing characters. In this way, the language of Transactional Analysis was translated into concrete and simple Chinese terms. The research participants, especially the younger ones, acquired the new language of psychotherapy in the treatment process, although they experienced confusion in the early stages.

The results revealed the importance of language and thinking in the treatment process. Increased sensitivity to the structure of cultural thinking and language helps the social workers to develop their models of change. Chinese thinking, which emphasises the goodness of self and society, and social responsibility, motivates the

women towards self-development, social learning and helping each other. The social workers can also use language effectively to communicate values and ideas which are responsive to their clients' belief system and existential meanings.

10.3.4 The Challenge of the Stage Model of Change

In Chapter 4, the stage model of change (Prochaska and DiClemente, 1983) was discussed. It identifies five stages of clients' readiness for change. This model recognises three dimensions of change: stage, process and level of behaviour in addiction. The assumption is that the helping professions should adopt different approaches for helping clients at their different stages of change. Prochaska and DiClemente (1983) claim that their work is trans-theoretical, which means that it encompasses a variety of psychotherapeutic theories and matches the appropriate interventions with each stage of change. This model is based upon empirical quantitative studies of smokers and ex-smokers in America. The studies were carried out by following up 180 smokers who had undergone therapy or self-therapy (Prochaska *et al.*, 1991). My criticism of this model is that it is insensitive to the cultural dimension, social context and individual characteristics.

As this study has sought to show, the women were resistant to the Change Assessment Scale (Prochaska & DiClemente, 1983). The measurement, which contains abstract concepts and beliefs, is incomprehensible to the Chinese clients in Hong Kong. Gervais and Jovchelovitch (1998) suggest that the design of a questionnaire, for interviewing non-English-speaking Chinese clients, should focus on practice and behaviour. The reason is that the Chinese tend to combine thinking

and behaviour in action. Moreover, the Chinese language lacks the kind of abstract concepts for elaborating the mental processes.

In Chapter 8, the findings indicate that there is a flaw in the stage conception, which means that it fails to explain the women's lifestyles after treatment. It was discovered that, at the early stage of social re-integration, the interviewees (especially the younger respondents), experienced social isolation and preferred their "ex-drug-use lifestyles", gratifying themselves with drinking, excitement and late night activities. Once they established new social circles, they made a transition to the "non-drug use" lifestyle.

10.4 Redefining the Stage Model of Change

Five general principles are outlined for re-defining the stage model of change, with special reference to the rehabilitation of Chinese women drug users. The first principle is to recognise the power of culture and context. It is clear from this study that, for the women drug users, the realities of culture and tradition are prevalent and resilient. The evidence shows that the parents of some women tended to use drugs, alcohol and gambling as their ways of coping with cultural and social pressures. The barriers that prevented them from seeking help were the cultural beliefs in self-help, self-reliance and self-restraint. A lot of women drug users modelled themselves on their parents', partners' and friends' drug-using behaviour to deal with situational stress. Women in this study were well aware of the social stigma attached to drug use. In the Chinese context, drug addiction is conceived as a moral failure which brings shame to the family. However, a drug-using lifestyle provides the women with psychological pleasure, social networks and organised activities. Instead of

simply classifying the women as pre-contemplators, we should understand their ambivalence about treatment and change against their backgrounds.

Secondly, it is important to understand the women's subjective meanings of their experiences. In Husserlian terms, experience is bestowed with meanings. Here meaning refers to the person's life-perspective. Social experience contributes to the women's consciousness of self and others. The findings suggest that there were three different types of response to the treatment process. The first group of women had already determined to change before they came into treatment as they had been aware of their bad experiences in supporting their drug habits. Another group of women did not have a specific goal but were inspired to change during the course of treatment. They tended to interpret "control" as an expression of care and concern. Together these two groups were capable of learning a different set of skills through the counselling process. The remainder were not ready for change as they were resistant to control, pressure and confrontation.

The third principle is to emphasise practical learning during and after treatment. The Stage model of change describes different stages of contemplation, preparation, action and maintenance. The strength of this model is that it allows the clients to decide on their style and pace of change. The W.T.C. is seen as a practical reality which engages the women in action and activities, bringing about a change in their lifestyle and cognitive-behavioural coping. We could easily identify the "defensive contemplators" who were resistant to the treatment programme. However, it would be limited and arbitrary to describe the women as "contemplators", "preparators" and "actioners", partly because the Chinese mind

connects action with intention, and partly because some women can regress to an earlier stage. The findings suggest that the best measures of the women's change are their self-perception, inter-personal relationships, learning of cognitive-behavioural coping, the experience of leadership and the completion of all stages.

The fourth principle for re-defining the stage model of change involves a synthesis of the woman's self-esteem, life coping, moral values and social responsibility. The findings suggest that the women who remained to complete the programme and took on a leader's role were more likely to stay drug-free. The teaching of the W.T.C. emphasised the cultivation of the qualities of a moral character such as honesty, responsibility and care and concern. The women acquired these values through observation, discussion, self-examination and self-reflection. The more they participated in the programme and learned to assume responsibility, the greater was their socialisation and internalisation of moral values. The drug-free women had different views of their treatment process, describing this as a "growing" process, a "breakthrough" and an "awakening" experience. Each found their way of integrating knowledge, values and skills for maintaining abstinence.

Fifthly, the stage of maintenance is re-defined as a transition from an "ex-drug use lifestyle" to a drug-free lifestyle. Six issues for the women's social re-integration are the awareness of social stereotypes, the feelings of a strange family and social environment, the temptation of fun and pleasurable activities, relationships with parents, families and friends, drug expectancy and the familiar living environment. For many women, the social re-integration was a struggle to balance *"want"* and *"should"* for maintaining abstinence. Most had gone through a

period of a drug-using lifestyle before treatment. They felt isolated and detached when they began to integrate themselves into the wider community. This explains why they used alcohol and participated in fun and pleasurable activities to deal with a difficult and unpleasant situation. Significantly, the presence of "helping others" supported them to overcome fear, to improve their relationships and to extend their social lives.

The general principles reflect certain characteristics of the Chinese model of change. This study has important implications for the understanding of how the women have changed in terms of outcomes, processes and stages. There is a need to recognise the structure of Chinese thinking, cultural values and language before we attempt to integrate Western theories or models of change into the rehabilitation of women drug users. My intention was not to engage in a rigorous study of certain theoretical models but rather to highlight issues for understanding the life-world of our clients and the possible means of intervention. In addition to the issues summarised above, the next section suggests some guidelines for a culturally sensitive social work approach.

10.5 Guidelines for a Culturally Sensitive Social Work Approach to Working with Women Drug Users

Cultural differences are important in social work. In his discussion of modern social work theory, Payne (1991:7) points out that social work is "complex and varies in different cultures", as well as being "part of a complex theoretical, occupational and service network". While social workers attempt to integrate ideas and theories drawn from social science into practice, the roles and boundaries of

social work are culturally determined and socially defined. The surge of interest in cultural differences in social work has come about partly because there have been different colonial traditions originating from European countries, and partly because Western social work theory may not be suitable for non-Western cultures (Payne, 1991).

For a culturally-sensitive approach, it is important to understand clients in their socio-cultural context. Social work theory is a construction of the reality. Effective social work theories, practice and research should be sensitive to the cultural values and characteristics, social norms, and language. Chow (1987) points out that the Chinese emphasise the development of the "social self" over the "private self" so that individuals are seen as interrelated and interdependent. Central to Chinese assumptions is that a person has duties and responsibilities to the family and community as well as being part of a network (Payne, 1991). As social work service in Hong Kong is much influenced by Western social and psychological theories, Chinese social workers need to be aware of the differences between the Chinese perspective and the Western models. Recently, there has been discussion in Hong Kong about the significance of Chinese values and language in social work. There is an interest in searching for and developing models that can be applied in Hong Kong.

A culturally-sensitive social work approach implies "eclecticism" for intervention and research. In drug addiction theories, the "biopsychosocial" perspective is developed to bridge the gap between the medical model and the "social support" model. In this approach, factors such as biology, society and psychology are integrated to explain addiction (McMurran, 1994). Each of the three

systems may have different influences on the person and one must look into the unique profile of each drug user. There are parallels between the biopsychosocial model and Chinese thinking in that there is a holistic view of drug addiction and each part is understood through the whole. Yet, a culturally sensitive approach needs to allow for cultural thinking and social processes relating to attitudes, values, language, norms and social roles. All these are significant aspects for social workers to consider if they are to understand the subjective meanings of their clients' problems and the patterns of family and group behaviour.

One may note that the W.T.C. programme is very much concerned with group processes and community spirit, in which individual needs and feelings may be secondary. This may sound authoritarian in traditional social work, but we must remember that Chinese values refer to the social network and well-being of the individual and the group. Various group processes and communal living are meant to raise the woman's consciousness and to improve her relationships with others. There were many individual and group instances when the women disclosed their feelings, learned to express themselves and acquired skills in managing their emotions. Evidence shows that the treatment process inspired the women to develop drug-free values and coping strategies. The factors "social support" and a sense of "self competence" imply that the "social self" is significant for the drug-free women in their cultural context. However, the weakness of the "collectivist" culture is its possible reliance on familiar principles and methods, and resistance to innovative ideas and change. Research work, which becomes part and parcel of social work intervention, should be included in programme design for assessing the effect of intervention and recommending change in the existing services.

Culturally sensitive social work research needs to seek knowledge and to facilitate programme improvement and service delivery. This requires a pluralism of research methods, sample selection, instrumentation and data collection which is suited to the intervention context and process. This research is important in exploring how the women viewed the W.T.C. programme, how they responded differently and how their experiences were improved. Quantitative evaluations confirmed the qualitative findings by capturing the key factors of length of stay, experience of leadership, seeking social support, positive self- perception and life events. Outcome and process evaluations in this study have brought about change in the W.T.C. programme. The research results have led to the setting-up of a new Adult Women's Treatment Centre, which has addressed the specific needs of older female clients and their families in Hong Kong since September 1997. The research design gives a format for future study in different settings such as girls' homes, prisons and half way houses and T.C. programmes in other countries.

It is also important to highlight the issue of relativism for social work practice and research. Again this should suit the cultural context and the target group for intervention or study. Peile and McCouat (1997:356) emphasise relativism in social work which "alerts the actor to value and consider alternative positions and so open the actor's own actions to self-critique". My interpretations of the women's transformation experiences were based upon certain psychological, sociological, social work and phenomenological theories and concepts. I was also committed to a relative approach which adopts a wider perspective, sensitive to cultural, social and individual differences. At one point, I was tempted to adopt a theory or an approach which would provide answers to the issues in a straightforward way. At another

point, I resisted following any one approach which would bend the data into one interpretation or explanation. The whole research process challenged me to juggle with methods, numbers, voices, experiences, analysis and interpretations. I came to understand what it meant to be a Chinese social worker and researcher, balancing the different views of reality and looking for plausible solutions for the complex issues of female drug use.

With respect to the rehabilitation of women drug users in particular, the following guidelines are put forward. First, the social workers ought to recognise the diversity and commonality of women drug users. The phenomenological method teaches us to bracket our presuppositions and prejudice. This requires sensitivity to the women's different social backgrounds, life experiences, personal characteristics, and drug use patterns and lifestyles. However, the women share beliefs, values and norms which reflect the cultural and social influences. Second, we should be aware of and respect the subjective meanings of the women put upon their experiences. There is a need for the social workers to uncover the psychological, social and ontological meanings of their clients' drug use. Only if the women are helped to reflect on the purposes of their drug use can they seek a new way to meet their social and psychological needs. Third, the social workers play an important role in influencing and supporting their clients in different stages of their treatment and social re-integration. The process of change reflects their ambivalence about keeping old behavioural patterns and learning a new way of being. The worker-client relationship, which is built on hope and trust, prompts the women to search for a meaningful alternative to a drug-using lifestyle.

10.6 Outcome and Process Evaluation

In this study, evaluation is used in three ways: firstly to assess the treatment effects and impact on the women drug users; secondly to identify the issues, concerns and needs of the women drug users during and after treatment; thirdly to advance knowledge about the treatment and rehabilitation of women drug users in their socio-cultural context. Multilevel analyses of the women's experiences before, during and after treatment reveal their special issues and circumstances in their socio-cultural context. These suggest that general principles and specific programmes can be developed to make the service more effective.

10.6.1 Outcome Evaluations and Client Success

Young women are successful in the W.T.C. programme, as evidenced by a high percentage of abstinence, work stability and sense of achievement. They complained about the external pressure for behavioural change in the treatment process. However, it is clear that they benefited from a long-term programme which connected them with families, peers, recovered staff and their social workers. In the follow-up study, the group of younger women saw themselves as confident and competent, reporting more positive life experiences in comparison with the relapsed clients. The difficulties faced by the older women were the temptations of drug-using friends or partners and the "habitual" ways of a drug-using lifestyle. Drug-free behaviour for many older women is not directly correlated to length of stay and discharge status but to higher position in the work structure during treatment, and social support, lawful employment and positive life events during the follow-up period.

Originally the T.C. approach, which is unorthodox in the American context, was targeted on "hard-core" drug-abusers. Yablonsky (1989:6) points to the effectiveness of the T.C. especially for those "hitting bottom" or "hitting the wall of failure". One concern for the T.C.s in America is the predominance of male clients. My view is that older women drug users, who differ from their male counterparts, encounter more difficulties in staying drug-free. The findings in this study support my argument. The treatment outcomes of the W.T.C. programme which differ from those of the American T.C.s can be explained in three ways. First, many American T.C.s are concerned with adult drug users who have suffered long-term addiction. No comparison can be made between two programmes with different age and sex groups. Second, the admissions policy of S.A.R.D.A. required that those under 18 complete one year of treatment and rehabilitation. Third, the W.T.C. draws heavily on the discussion of moral values in house meetings and seminars, using amongst other methods, counselling, confrontations and written assignments. The American T.C.s, however, put much emphasis on encounter and confrontation, and the discussion of theories and concepts.

In statistical terms, treatment factors, compared with post-treatment factors, had only weak effects on drug-free outcomes. The results corroborate other research studies (Barr & Antes, 1981; Brook & Whitehead, 1980; De Leon & Schwartz, 1984) which show that length of stay and mode of discharge contribute to the clients' drug-free behaviour. This study also indicates that post-treatment influences are a mixture of self-competence, help-seeking behaviour and positive life events. Statistical significance, however, only represents the trends and patterns of the research participants during and after treatment. It does not tell us about the unique

and subjective experience of the women in their social context. Therefore, the qualitative study is important for investigating the process of change and the subjective meanings of the women's experiences.

10.6.2 Meanings of Change in Process Evaluation

The qualitative findings suggest that many drug-free women grasped the subjective meaning of a drug-free existence during and after treatment. Husserl (1913) places emphasis on the "experiencing" self as a unity of the "body ego", "mental ego" and "phenomenological ego". My interpretation of Husserl's idea is that a person is bound by his/her "habituality" (i.e., socio-cultural context) but is capable of change by setting a new goal of "being" and making a decision. One distinctive feature of the findings is that there were differences between the groups of younger and older respondents, and of relapsed and drug-free women (See Appendix N). The study of the change in their motivation, thinking and behavioural patterns helps us to understand the variety of different meaning of their relapsed or abstinent experience.

Several core themes represent the women's distinctive process of change during and after treatment. First is the effect of personal characteristics, social experiences and the role of staff on the women's responses to the treatment programme. Common patterns among the older respondents were that they had a pessimistic view of life, a cautious character and resented confrontation and criticism. Moreover, they were overwhelmed by the past institutional experiences which made them suspicious of the staff. The younger women were hopeful about change and curious about the programme, although they rebelled against the

treatment control at first. The recovered staff had lower expectations of the older informants than they had of the younger residents. The barrier for the older informants was their fear of hardship in the process of change and their habitual way of escaping reality.

Second, cognitive-behavioural learning enhances the women's capacity to reason and cope. At different stages in the transition, the women engaged in a thought process of doubting, questioning, self-examining and self-reflecting. Some women began to doubt the meanings they attributed to drug use as they participated in individual and group counselling. Others realised that they used drugs to cope with frustration, anxiety and depression. They came to understand the impact of drug use on themselves and their families. As they struggled with the learning process, they were aware of their character weaknesses, ways of coping and behavioural patterns. These experiences were accompanied with fear, guilt, shame and confusion. Some chose to continue their learning whereas others became withdrawn and made only slow progress.

Third is the attachment to social workers and recovered staff. The social workers and recovered staff played an important role in influencing and motivating many drug-free women in this study. The staff-client relationship is a reciprocal process. The more the woman interpreted the staff control as responsible care, the greater was the acceptance of their advice and suggestions. Some informants observed the staff's performance and learned from their values and ways of coping. Others acquired the values of honesty and responsibility by comparing their values

with those of the staff. The presence of the staff provided a meaningful alternative in terms of friendship, support, guidance and drug-free values.

Fourth, decision-making is an introspective mental event. The narratives of the women's decision-making process showed their adherence to a drug-free existence. The qualitative data revealed that some women had a strong determination to change, and the treatment process enhanced their coping strategies. Some women's resolution to change is apparent from their narratives, in which they spoke of their desire to complete the four stages as early as possible. Other women did not come to the centre with clear goals but were inspired to a change during treatment. They indicated that their motives for staying were a response to internal needs to continue to learn and the external demands of their families and social workers.

Fifth, the change in the woman's life-views arose from participation in new roles and activities, taking the values of the other, and feeling good about the change. Many informants derived new meanings from the experience of leadership. They attained a sense of vitality and autonomy in taking up the leader's role. Some women had internalised the expectation of "mutual help" so that they were connected with other junior residents in the process of personal growth and development. After treatment, some women participated in the Pre-vocational Ex-patient Volunteer training scheme to strengthen their work attitudes and behaviour. Paid work became a meaningful activity for the drug-free women. It provided them with a place to meet non-addicted people, an activity to structure time and an opportunity to develop personal identity and skills.

Sixth, the drug-free women derived new personal meanings from the accumulation of events during and after treatment. For some women, their breakthrough experience was a rekindling of their relationship with their family members during the treatment process. For a few women, their process of change came as a result of crises in which they lost their mothers through death. The experiences reflected their beliefs in family unity and the daughter's role. Through the mourning process, the women remained drug-free and fulfilled the duties of a daughter. Other women experienced an awakening in which they decided to choose a meaningful alternative to drug use. Some set a goal to continue education. Some hoped for a good relationship with their non-addicted boyfriends. Others devoted themselves to the rehabilitation services for women drug users.

The last point is the integration of a drug-free identity. As can be seen, the women's world may be transformed as they rebuild their identities in the community. The drug-free existence provided them with structures, meanings, values and life-styles. Most drug-free women felt free, useful, respected and lived harmoniously with their families and others. The more they were confident in themselves, the greater was their ability to solve their life problems independently. The women became new beings after the dialectical struggles of approach and avoidance, attachment and independence, and control and freedom. Some older women changed to be active and confident. Some younger women became cheerful and disciplined, trying to widen their social circles. Often they acknowledged that the drug-free life is simple, dull and pedestrian. Yet they were proud of being "normal" and true human beings, full of vitality and hope.

10.6.3 A Combination of Statistical and Narrative Analyses

It can be seen that both the statistical and narrative analyses are important for the understanding of the women's experiences. The statistical analysis is indispensable to the policy maker for evaluating the treatment outcomes. By comparing the prognostic factors with international findings, this study shows that effective treatment is closely related to length of stay, mode of discharge, experience of leadership, positive self image, new cognitive-behavioural coping and social support. Narrative analysis is an appropriate method to deepen our understanding of the Chinese women drug users' life-world. One distinctive feature of the data is that the women told their life stories in terms of concrete things and events (i.e., facts and evidence). The first level of narrative analysis is to discover the intentional characters, activities and meanings from their descriptions of the past. The texts, which were written in Chinese, show a link between the past, the present, and the future. Some women modelled their parents' coping to solve their life problems; for instance by a belief in self-reliance and drinking to handling emotions. The women also told us about their views on life, social relationships and lifestyles.

Secondly, understanding goes beyond words and meanings. The qualitative analysis has shown the importance of "boredom" (*menn*), "hardship" (*shin fu*) and "fate" (*mei wan*) in the women's drug use. The Chinese words "boredom" and "hardship" can be treated as verbs, adjectives or nouns. Caution must be exercised in interpreting the words which pertain to their psychological state, social position and/or existential meaning. Some women increased their consumption of drugs to seek euphoria and/or fill their emptiness. Others were not confident in contacting

non-addicted people. One central theme of their descriptions is "no control over their lives". A vision of the world, shared by the women drug users, is that it is unalterable and omnipotent, and makes them detached and withdrawn.

Thirdly, the findings suggest that the W.T.C. programme focuses on the transmission of values and life attitudes. The women's narratives of their drug-using worlds revealed their desires for attachment, power and direction. The W.T.C. is a "relational context" which helps the women learn from each other (especially from the staff) and redirect their attention to positive means for achieving their ends. In the Chinese heritage, learning is the integration of values, knowledge, attitude and behaviour. The drug-free women in this study tended to use positive words such as "awakening" (*ching shing*), "understand the consequence" (*ming pak hau kok*) and "assume responsibility" (*shing den chik yen*) to describe their process of change. Nevertheless, each had her own interpretations of these terms and took the necessary course of action. As can be seen, the use of the native language brought cognitive-behavioural change in the women who were actively involved in a drug-free lifestyle.

10.6.4 Implications for Service Delivery

A study of the social and cultural constraints points to the need to increase public awareness of the issues for women drug users, and generate knowledge about prevention and ways of tackling the problem. At the policy level, issues such as violence, sexual abuse, social poverty and gender inequality need to be addressed. At the treatment level, there is a need for an evaluation of different treatment modalities and their effectiveness in helping women drug users. A rational approach

is suggested to match the women clients with suitable treatment models. For example, it is time to think about whether the compulsory treatment policy is suitable for women drug users in the light of their special needs and life circumstances. Outpatient methadone clinics are located in public places, and the women find it embarrassing to seek help there. Recently six hospitals in Hong Kong have set up Substance Abuse Clinics to provide detoxification in psychiatric wards. However, women complained that they felt uneasy about mingling with mental patients. There is also a need for co-ordination between the probation service and the voluntary treatment centres over the criteria for admission, early discharge and supervision.

The understanding of the treatment outcomes and the women drug users' experiences has potential value for social work practice. The study of the treatment outcomes suggests that the W.T.C. has succeeded in combining the T.C. structure and Chinese moral values. The results show that the W.T.C. provided a social context which separated the women from their drug-using lifestyles and enhanced their drug-free values and coping strategies. The hierarchical structure not only defined the women's roles and duties but also promoted connections between the staff and residents. A barrier for some women (especially the older ones) in accepting the W.T.C. culture was their resistance to staff control and confrontation. Social work can be seen as a form of control and prevention. Rieff (1966) uses the word "therapeutic control" to represent the process of change for restoring the client's functioning. The findings in this area imply a need for the W.T.C. staff to balance care and control. In so doing, the residents can be helped to remove barriers and to develop a sense of self-control.

In the treatment process, social workers need to be aware that individual women will respond differently because they have different personal characteristics and social experiences. What deserves attention is the women's interpretation of staff control and confrontation. The more the women resisted the treatment programme, the more negative were their views of people and events. By contrast, those who became close to the staff and family members perceived their control as "therapeutic care". The study of the woman's treatment successes suggests that change is possible. Change is a chemistry of self-will and social support. What constitutes the process of change is the woman's adherence to certain moral values based upon honesty, care and responsibility.

As noted in Chapter 8, the study highlights an important phase of "ex-drug use lifestyle" in the women's transition from treatment to a drug-free lifestyle. This is a time when particular strategies are required from social workers to enhance the women's cognitive-behavioural coping. Women experienced a state of ambivalence about their ability to stay drug-free. They struggled and found a balance of freedom and responsibility, and pleasure and work. The specific role of a social worker is to give them clear advice and remind them of the risks of participating in late night activities, drinking and establishing casual relationships with men. Over time, those who were involved in and committed to change derived new meanings from their experiences. They continued to grow and learn new things, developed new interests and moved to a new group of non-addicted friends. Thus they acquired a "drug-free" identity and felt confident about maintaining abstinence.

This study led to the restructuring of the W.T.C. programme in S.A.R.D.A.. The results demonstrate a significant difference between the younger and older women in their drug history, social experience, treatment responses and drug-free behaviour. Younger women experienced polar feelings that emerged as they wanted to achieve something and life circumstances frustrated them. The older women were a disadvantaged group, with many drug-related problems such as imprisonment, health problems and low self-image. Over time, the younger women may become like the older women. Based on the empirical evidence, I drafted a proposal to recommend the setting up of a separate short-term programme (See Appendix O) for the older women drug users. The proposal was endorsed by the Beat Drugs Fund Association in early 1997. A new Adult Women's Rehabilitation Centre, with a capacity of 24 beds, was in full operation in September 1997. The programme focuses on harm reduction, relapse prevention, a family-oriented approach, empowerment, vocational training, child care and time management. In follow-up, the role of the social worker is to connect the clients with the Alumni Association, family service units, job re-training services and other community resources.

10.7 The Epilogue

In October 1997, I attended the third Asian Federation of Therapeutic Communities (AFTC) International Conference in Bangkok, Thailand. Participants reported the alarming increase in the number of women drug users in Asian countries, especially Mainland China, the Philippines, India, Thailand, Malaysia and Hong Kong since 1993. Multiple drug use is prevalent among young Asian women. For example, the number of women addicts in Thailand stood as high as 300,000.

Cultural and religious characteristics are taken into account in an attempt to understand their drug-using behaviour. The issues for the women drug users are also complicated by prostitution and HIV problems.

The findings of this study may be generalisable, since there are common features among women drug users across Asian countries. The experiences of Chinese women drug users reflect a complexity of social and cultural pressures, family dysfunction, identity crisis and lifestyle problems. Since the 1970s, Asian countries have experienced modernisation and industrialisation. In spite of the diversity of religions, beliefs, values and norms in Asian countries, there is a common emphasis on the "collectivist" culture. The underlying problems in Asian industrial society are population growth, poverty, a clash between traditional values and capitalistic ideologies, and issues of youth, women, family and the elderly. Drug addiction among Asian women is related to both social and individual problems. They come from poor and rich families, partly reflecting their attempts to cope with social and cultural oppression such as poverty, incest, rape, child and spouse abuse, and drug-using families; partly revealing certain youth problems in their identification with addicted friends or partners.

The aim of a culturally sensitive approach is to identify the problems and advantages of adapting social science theories and the T.C. modality in the Asian context. Recently, T.C. approaches, in line with other psychotherapeutic theories, have been tested and accepted by some Asian countries in the treatment and rehabilitation of drug abusers (Technical Papers of AFTC International Conference, 1997). The T.C. structures and methods are adapted in different settings such as

juvenile homes, prisons, half-way houses and treatment centres for drug-abusers. One major obstacle to the success of the T.C. approach for Asian drug-abusers is a cultural belief in self-restraint and self-control. Drug-abusers are often described as shy, passive and sensitive to confrontations (Technical Papers of AFTC International Conference, 1997). Despite this, most of the Asian T.C.s combine their religious and spiritual beliefs with the work structure of the T.C., sanctions and rules, advancement of status and privileges, and therapeutic groups for treatment and rehabilitation. It seems that research studies would benefit the Asian T.C.s with programme evaluation, service improvement and the understanding of the clients' concerns, issues and needs for treatment.

There has been a schism in social work between theory and practice, theory and research, research and practice, and Eastern and Western thinking. Can present social science theories be applied to the treatment and rehabilitation of female drug-abusers in Asian countries? Should Asian countries develop their own models of practice? How can social work knowledge be expanded to accommodate different aspects of cultural values, beliefs and norms for understanding social problems? What is the appropriate research method for assessing the effectiveness of social work interventions? This research has attempted to address some of these questions by offering a way to understand the woman in her socio-cultural context. Much was written on how to use the phenomenological and Chinese perspectives to describe and interpret the woman's experiences before, during and after treatment. The study also demonstrates a hybrid of Chinese values and an American T.C. model for the effective rehabilitation of female drug-abusers. This may give hope to other countries to develop their own models of change and construct their research

designs. In this way, we could synthesise knowledge and experience to solve the intractable problems of female drug abuse.

LIST OF ABBREVIATIONS

A.A.	Alcoholics Anonymous.
A.F.T.C.	Asian Federation of Therapeutic Communities
COPES	Community-Oriented Programme Environment Scale
C.R.D.A.	Central Registry of Drug Abuse in Hong Kong.
G.P.	General Practitioner
HIV	Human Immunodeficiency Virus
S.A.R.D.A.	Society for the Aid and Rehabilitation of Drug-Abusers
T.A.	Transactional Analysis
T.C.	Therapeutic Community
W.F.T.C.	World Federation of Therapeutic Communities
W.S.S.C.	Women's Social Service Centre
W.T.C.	Women's Treatment Centre of S.A.R.D.A.

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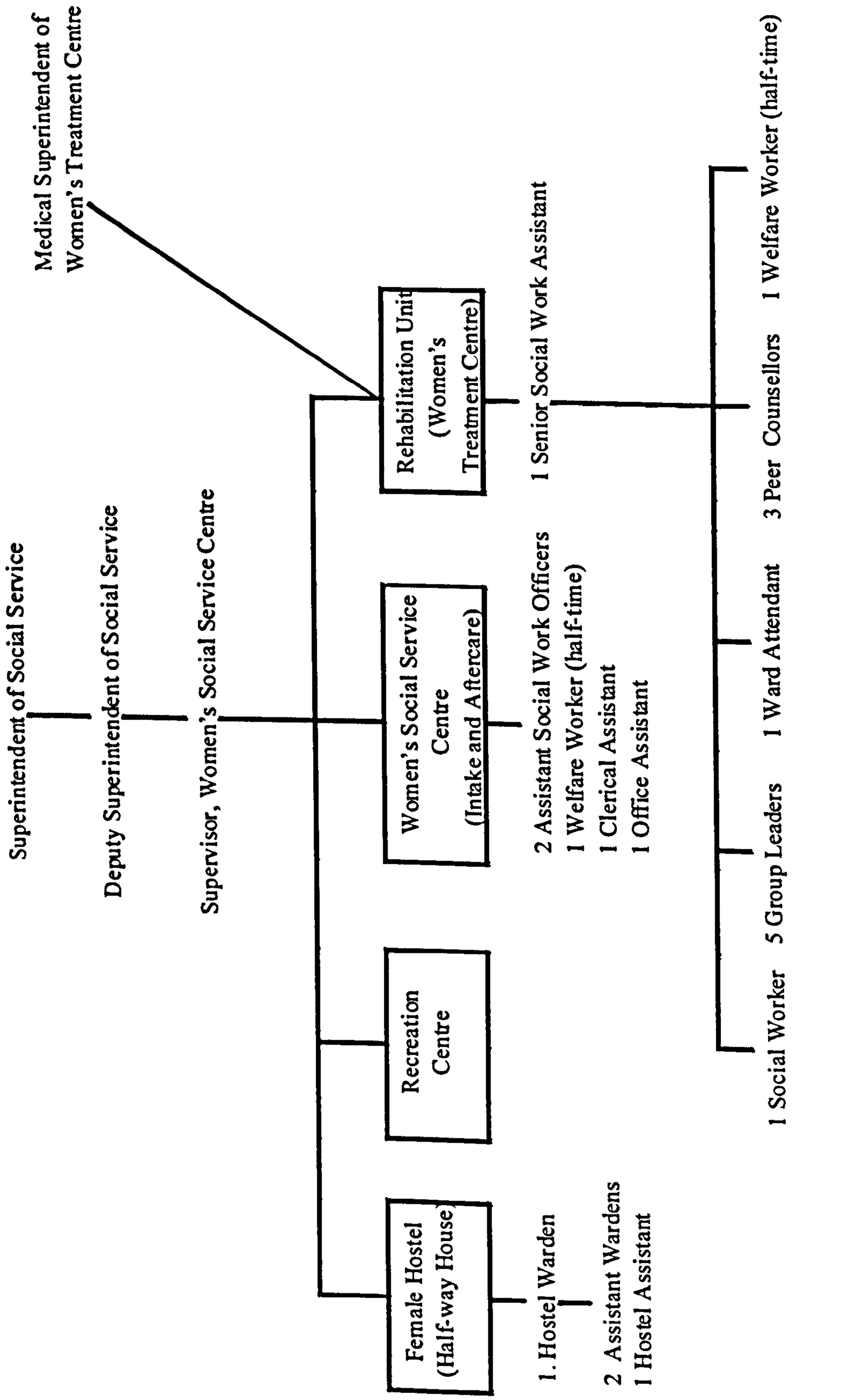
Appendix A: Existing Organisation Structure of the Women's Social Service Centre



Appendix B: Criteria For Stage Promotion

Stage I: Awakening Period

Phase 1 - Induction and Orientation (a minimum of 3 weeks)

Expectation:

(i) Participate in group programme, educational activities and rehabilitation programme.
(ii) Learn programme policies, procedures and treatment creed.

Criteria for evaluation for promotion:

(i) Efforts made to understand the treatment creed and the basic knowledge of programme and activities.
(ii) Minimal participation in group and individual counselling.
(iii) To be honest about self and the motivation of drug treatment.

Remarks: At the end of each Phase/Stage, the residents will apply for evaluation for promotion to another Phase/Stage. Evaluation is conducted by one ex-addict staff, the resident's own case-worker and all the residents of the particular section to which she belongs.

Phase 2 - Assessment of Individual Needs (a minimum of 4 weeks)

Expectation:

(i) Understanding the "old habit patterns" which have reinforced drug-using behaviour and work on these.
(ii) Become more aware of feelings and attitudes.
(iii) How you choose to deal or not to deal with them.

Criteria for evaluation for promotion:

(i) Being honest and willing to discuss habit patterns and life style in group.
(ii) Ability to confront others.

Stage II: Socialisation, Personal Growth & Psychological Awareness (a minimum of 5 weeks)

Expectation:

(i) Develop feelings of self-confidence, self-esteem and a sense of who you are.
(ii) Have the ability to discuss the consequences of undesirable behaviours.
(iii) Be honest about feelings and dealing with those that occur in everyday encounters with peers and staff members.
(iv) Take an active role not only in participating in the daily activities, but also in facilitating social interaction.
(v) Assume more demanding responsibilities, such as facilitating the house meeting, outings or parties, keeping a record of each day and a record of regulations the residents have broken etc.

Criteria for evaluation for promotion:

(i) Demonstrate ability to choose alternative when dealing with feelings.
(ii) Demonstrate ability to form trusting and constructive relationship with others.
(iii) Demonstrate ability to take up the responsibilities to others.

Remarks: Those who are promoted to Stage II can choose either Stage III or Thinking Stage. The resident will stay for one or two weeks at Thinking Stage for a break-off.

Stage III: <u>Autonomous Decision-Making Skills (a minimum of 4 weeks)</u>

Expectation:

(i) Act as a role model to the new residents.
(ii) Seek and assume leadership role.
(iii) Continue independent work on behaviour pattern, identifying and dealing with feelings and self-exploration.
(iv) Bring the feelings about coming toward re-entry into the community: fear, anxiety and doubts for counselling group or individual sessions.
(v) Develop in dealing with significant others in the community as they have special leave.

Criteria for evaluation for promotion:

(i) Display ability to conduct herself on day leave.
(ii) Deal honestly with feelings that result from a new role.
(iii) Establish a stable and constructive relationship with others that she can rely on as support group.
(iv) Indicate her readiness to start the re-entry process to the community by showing an ability to handle frustration.
(v) Display a realistic goal and discharge plan for job hunting, volunteering, school etc.

Stage IV: <u>Re-Entry to the Community, including the Halfway House Period</u>

Expectation:

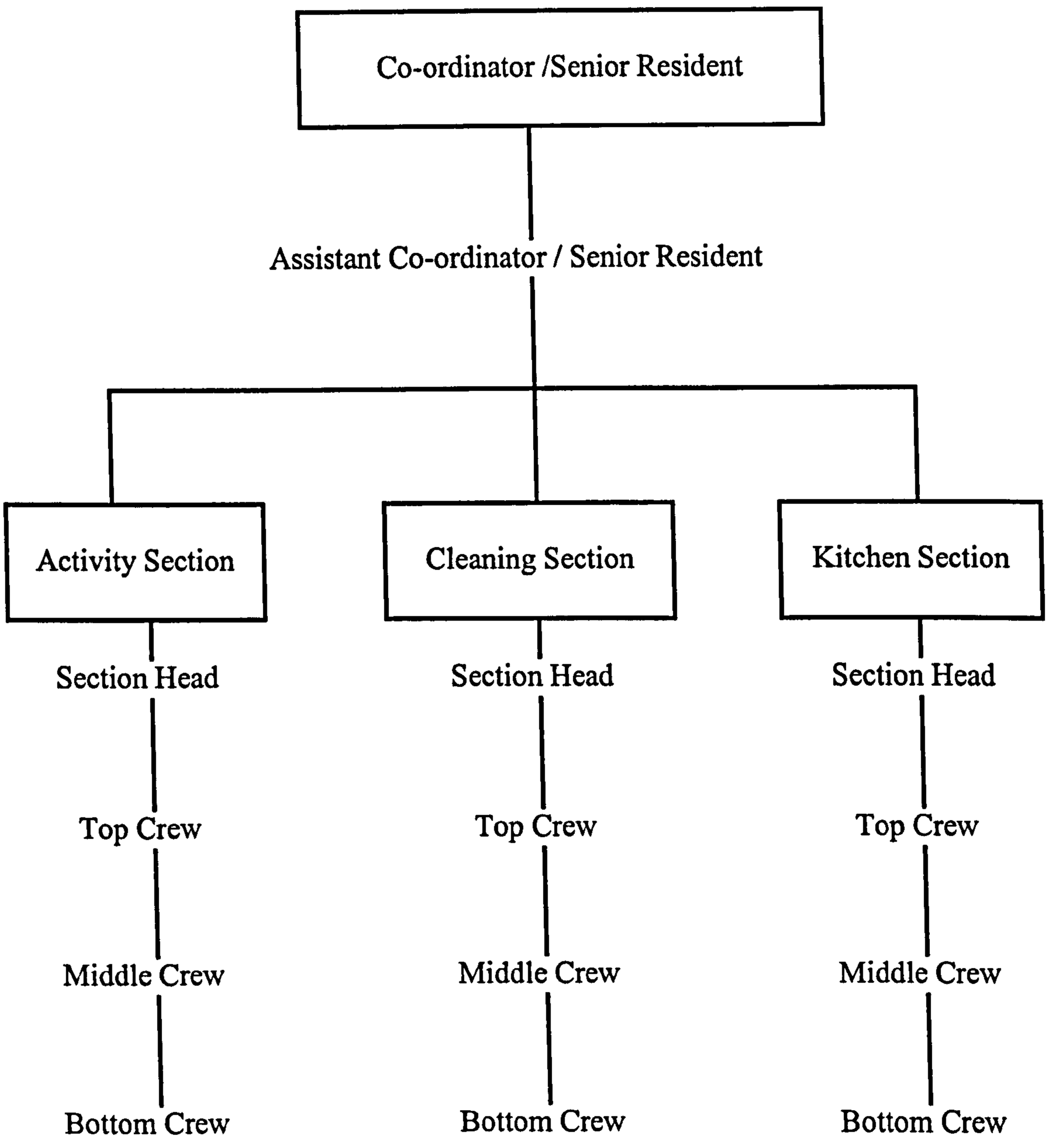
(i) Spend time to seek suitable full-time or part-time employment or
(ii) Involve with vocational training or
(iii) Re-entry into school/leadership training course or
(iv) Involve with pre-vocational volunteer training project.

Criteria for evaluation for discharge:

(i) Display emotional stability.
(ii) Present realistic goals and discharge plan.
(iii) Have secured employment.
(iv) Have an approved place of residence.
(v) Have stable finance.

Appendix C: Resident Work Structure

(Women's Treatment Centre)



Responsibilities:

Activity Section:	To organise various activities
Cleaning Section:	To keep the house clean, to keep everything in order, etc.
Kitchen Section:	To cook food for all residents, to keep the kitchen utensils clean and in order, etc.

Appendix D: Treatment Life Experiencing Form
(Structured Open-Ended Questions)

Before Treatment

1. Before you entered the treatment centre, what was your perception and feeling towards yourself?

2. Before you entered the treatment centre, what did you think of the people around you? What was your feeling towards them?

During Treatment

3. State briefly your deepest impression towards the Rehabilitation Centre?

4. During the period when you were in the centre, could you realise what kind of person you are?

5. What had you learnt most during the period when you were in the centre?

6. What did you think about residents and staff in the centre?

Post Treatment

7. After you moved out of the hostel, what was the most difficult thing you had overcome?

8. What changes had you made since you have left the treatment centre? (thinking, feeling, action)

9. What do you think of other's perception/feeling towards you since you left the centre?

10. (This question is for those who stay drug-free.) What make you stay drug-free?

11. (This question is for those who have relapsed into taking drugs.) Why did you resume drug-use?

12. What do you think/feel about your life after leaving the treatment centre?

Appendix E: Motivation Scale

I Want to Stop Using Heroin Because:

Scoring: 1 = Never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Very Often.

1.	I am worried about my state of health.	1 2 3 4 5
2.	Withdrawal symptoms are troubling me.	1 2 3 4 5
3.	I want to have a better future.	1 2 3 4 5
4.	I am imprisoned in my heroin-using habit.	1 2 3 4 5
5.	I owe it to the people who are trying to help me.	1 2 3 4 5
6.	I am afraid of being caught by the police if I continue.	1 2 3 4 5
7.	Too much money is needed to continue taking heroin.	1 2 3 4 5
8.	I do not want to go to prison.	1 2 3 4 5
9.	My family members coerce me to seek treatment.	1 2 3 4 5
10.	My husband/ cohabitant/ boyfriend wants me to stop using it.	1 2 3 4 5
11.	It is difficult to get supplies of it when I want to use it.	1 2 3 4 5
12.	I want to improve my health condition so I can work as a dancing hostess.	1 2 3 4 5
13.	Drugs are not good quality and are mixed with other substances.	1 2 3 4 5
14.	I am tired of taking drugs.	1 2 3 4 5
15.	Drug-addiction is not socially acceptable.	1 2 3 4 5
16.	Taking drugs really affects my outer appearance.	1 2 3 4 5

Subscales :

1. Private affair motivation: 1, 2, 3, 4, 5, 11, 12, 16

2. External constraint motivation: 6, 7, 9, 10.

3. Negative effects of heroin use motivation: 8, 13, 14, 15.

Appendix F: Change Assessment Scale

Scoring: 1= Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree.

1.	As far as I'm concerned, I don't have any problems that need changing	1 2 3 4 5
2.	I think I might be ready for some self-improvement	1 2 3 4 5
3.	I am doing something about the problems that had been bothering me	1 2 3 4 5
4.	It might be worthwhile to work on my problem	1 2 3 4 5
5.	I'm not the problem one. It doesn't make much sense for me to be here	1 2 3 4 5
6.	It worries me that I might slip back on a problem I have already changed, so I am here to seek help	1 2 3 4 5
7.	I am finally doing some work on my problem	1 2 3 4 5
8.	I've been thinking that I might want to change something about myself	1 2 3 4 5
9.	I have been successful in working on my problem but I'm not sure I can keep up the effort on my own	1 2 3 4 5
10.	At times my problem is difficult, but I'm working on it	1 2 3 4 5
11.	Being here is pretty much of a waste of time for me because the problem doesn't have to do with me	1 2 3 4 5
12.	I'm hoping this place will help me to better understand myself	1 2 3 4 5
13.	I guess I have faults, but there's nothing that I really need to change	1 2 3 4 5
14.	I am really working hard to change	1 2 3 4 5
15.	I have a problem and I really think I should work on it	1 2 3 4 5
16.	I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem	1 2 3 4 5
17.	Even though I'm not always successful in changing, I am at least working on my problem	1 2 3 4 5
18.	I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it	1 2 3 4 5
19.	I wish I had more ideas on how to solve my problem	1 2 3 4 5
20.	I have started working on my problems but I would like help	1 2 3 4 5
21.	Maybe this place will be able to help me	1 2 3 4 5
22.	I may need a boost right now to help me maintain the changes I've already made	1 2 3 4 5
23.	I may be part of the problem, but I don't really think I am	1 2 3 4 5
24.	I hope that someone here will have some good advice for me	1 2 3 4 5
25.	Anyone can talk about changing; I'm actually doing something about it	1 2 3 4 5
26.	All this talk about psychology is boring. Why can't people just forget about their problems?	1 2 3 4 5
27.	I'm here to prevent myself from having a relapse of my problem	1 2 3 4 5
28.	It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved	1 2 3 4 5
29.	I have worries but so does the next guy. Why spend time thinking about them?	1 2 3 4 5
30.	I am actively working on my problem	1 2 3 4 5
31.	I would rather cope with my faults than try to change them	1 2 3 4 5
32.	After all I had done to try and change my problem, every now and again it comes Back to haunt me	1 2 3 4 5

Subscales:
1. Pre-Contemplation Items: 1, 5, 11, 23, 26, 29, 31
2. Contemplation Items: 2, 4, 8, 12, 15, 19, 21, 24
3. Action Items: 3, 7, 10, 14, 27, 20, 25, 30
4. Maintenance Items: 6, 9, 16, 18, 22, 27, 28, 32

Appendix G: Community-Oriented Programme Environment Scale (COPES)

Scoring: 1= Never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Very Often.

1.	Member put a lot of energy into what they do around here	1 2 3 4 5
2.	The senior members here help take care of the junior one	1 2 3 4 5
3.	Members tend to hide their feelings from one another	1 2 3 4 5
4.	There is no membership government in this program	1 2 3 4 5
5.	This program emphasises training for new kinds of jobs	1 2 3 4 5
6.	Members hardly ever discuss their sexual lives	1 2 3 4 5
7.	It's hard to get people to argue around here	1 2 3 4 5
8.	Members' activities are carefully planned	1 2 3 4 5
9.	If a member breaks a rule, she knows what the consequence will be	1 2 3 4 5
10.	Once a schedule is arranged for a member, the member must follow it	1 2 3 4 5
11.	This is a lively place	1 2 3 4 5
12.	Staff have relatively little time to encourage members	1 2 3 4 5
13.	Members say anything they want to the staff	1 2 3 4 5
14.	Members can leave here anytime without saying where they are going	1 2 3 4 5
15.	There is relatively little emphasis on teaching members solutions to problems	1 2 3 4 5
16.	Personal problems are openly talked about	1 2 3 4 5
17.	Members often criticise or joke about the staff	1 2 3 4 5
18.	This is a very well organised program	1 2 3 4 5
19.	If a member's program is changed, staff always tell her why	1 2 3 4 5
20.	The staff very rarely punish members by taking away their privileges	1 2 3 4 5
21.	The members are proud of this program	1 2 3 4 5
22.	Members seldom help each other	1 2 3 4 5
23.	It is hard to tell how members are feeling here	1 2 3 4 5
24.	Members are expected to take leadership here	1 2 3 4 5
25.	Members are expected to make detailed specific plans for the future	1 2 3 4 5
26.	Members are rarely asked personal questions by the staff	1 2 3 4 5
27.	Members here rarely argue	1 2 3 4 5
28.	Staff make sure that this place is always neat	1 2 3 4 5
29.	Staff rarely give members a detailed explanation of what the program is about	1 2 3 4 5
30.	Members who break the rules are punished for it	1 2 3 4 5
31.	There is very little group spirit in this program	1 2 3 4 5
32.	Staff are very interested in following up members once they leave the program	1 2 3 4 5
33.	Members are careful about what they say when staff are around	1 2 3 4 5
34.	The staff tend to discourage criticism from members	1 2 3 4 5
35.	There is little discussion about exactly what members will be doing after they leave	1 2 3 4 5
36.	Members are expected to share their personal problems with each other	1 2 3 4 5
37.	Staff sometimes argue openly with each other	1 2 3 4 5
38.	This place usually looks a little messy	1 2 3 4 5
39.	The program rules are clearly understood by the members	1 2 3 4 5
40.	If a member argues with another member, she will get into real trouble with the staff	1 2 3 4 5

Appendix H: Life Change Events at Nine-Month Follow-Up Study

		Yes	No
1.	Death of spouse/partner.	1	2
2.	Divorce or separate.	1	2
3.	Prison term.	1	2
4.	Own illness or injury.	1	2
5.	Marriage.	1	2
6.	Loss of job.	1	2
7.	Changes at work .	1	2
8.	Reconciliation with addict, boyfriend/cohabitant/husband.	1	2
9.	Own pregnancy.	1	2
10.	Death or serious illness of relative/close friend.	1	2
11.	Gaining family support and acceptance.	1	2
12.	Job promotion.	1	2
13.	Taking out a loan over $10,000.	1	2
14.	Beginning studies or courses.	1	2
15.	Partner being unemployed.	1	2
16.	Being unemployed.	1	2
17.	Change in standard of living.	1	2
18.	Developing different interests.	1	2
19.	Change in religious beliefs.	1	2
20.	Conflicts with superior or colleagues in work.	1	2
21.	Resuming night activities.	1	2
22.	Change a frequency of contact with family.	1	2
23.	Minor infringements of the law.	1	2
24.	Re-associated with addict peers.	1	2
25.	Meeting new non-addict boyfriend	1	2
26.	Marriage of close relatives.	1	2
27.	Getting non-addict friends.	1	2
28.	Increase in income.	1	2

Appendix I: Self-Competency Rating for Follow-Up Study

Scoring: 5 is the highest score and 1 is the lowest one.

1.	Ambitious	1 2 3 4 5
2.	Broad-minded, able to accept new things	1 2 3 4 5
3.	Capable	1 2 3 4 5
4.	Courageous	1 2 3 4 5
5.	Imaginative	1 2 3 4 5
6.	Independent	1 2 3 4 5
7.	Intellectual	1 2 3 4 5
8.	Logical	1 2 3 4 5
9.	Clean	1 2 3 4 5
10.	Responsible	1 2 3 4 5
11	Self-controlled	1 2 3 4 5
12.	Obedient	1 2 3 4 5
13.	Polite	1 2 3 4 5
14.	Loving	1 2 3 4 5
15.	Loyal	1 2 3 4 5
16.	Honest	1 2 3 4 5
17.	Helpful	1 2 3 4 5
18.	Autonomous	1 2 3 4 5
19.	Forgiving	1 2 3 4 5
20.	Confident	1 2 3 4 5

Appendix J: Coping Behaviours Inventory for Follow-Up Study

Scoring: 1= Never, 2 = Seldom, 3 = Sometimes, 4 = Often, 5 = Very Often.

1.	Thinking about how much better off I am without drugs	1 2 3 4 5
2.	Telephoning the helpful friends.	1 2 3 4 5
3.	Keeping in the company of non-addicts.	1 2 3 4 5
4.	Reminding myself if I lapsed to drug, I would lose every thing.	1 2 3 4 5
5.	Thinking positively	1 2 3 4 5
6.	Being aware of my unpleasant feelings, I put the blame on others	1 2 3 4 5
7.	Stopping to examine my motives and eliminating the false ones	1 2 3 4 5
8.	Staying Indoors-hiding.	1 2 3 4 5
9.	Thinking of the promises I've made to others.	1 2 3 4 5
10.	Thinking of the mess I've got myself into through drug-use	1 2 3 4 5
11.	Leaving my money at home	1 2 3 4 5
12.	Recognizing that life is no bed of roses but drugs are not the answer.	1 2 3 4 5
13.	Going to Alumni Association or youth Volunteers' Group for outing and activities.	1 2 3 4 5
14.	Knowing that by not using drugs I can show my face again without fear of what others will think.	1 2 3 4 5
15.	Rewarding myself by buying something special or encouraging myself with compliments.	1 2 3 4 5
16.	Facing up to my bad feelings instead of trying to drown down.	1 2 3 4 5
17.	Working harder in my job.	1 2 3 4 5
18.	Realizing it is just not with it.	1 2 3 4 5
19.	Telling myself to calm down and to look at the problems in an objective way.	1 2 3 4 5
20.	Remembering how I've let my friends and family down in the past.	1 2 3 4 5
21.	Keeping away from past addict peers.	1 2 3 4 5
22.	Going for a walk.	1 2 3 4 5
23.	Looking on the bright side and trying to stop making excuses for myself.	1 2 3 4 5
24.	Realizing it is affecting my health.	1 2 3 4 5
25.	Start doing something in the house.	1 2 3 4 5
26.	Reminding myself of the good life I can have without drugs	1 2 3 4 5
27.	Keeping in the company of ex-addicts staff or dischargees.	1 2 3 4 5
28.	Making up my mind that I'm going to stop playing games with myself.	1 2 3 4 5
29.	Eating a good meal.	1 2 3 4 5
30.	Avoiding places where I took drugs.	1 2 3 4 5
31.	Thinking about all the people who have helped me.	1 2 3 4 5
32.	It's useless to talk to others about my problems.	1 2 3 4 5
33.	Going to sleep.	1 2 3 4 5
34.	Asking for opinions and trying to look for different alternatives	1 2 3 4 5
35.	Saying I am well and wishing to say so.	1 2 3 4 5
36	Remembering what have been taught in the centre and the advice given by my family.	1 2 3 4 5

Appendix K: Correlation Between Client Characteristics and Treatment Performance

Client Characteristic Treatment Feature	Age	Drug History	Admission	Referral	DATC Compulsory Treatment	Length of Stay	Discharge Status	Home
Length of Stay	-.2249 (p=.048*)	-.1694 (p=.138)	-.2532 (p=.025*)	.1011 (p=.378)	-.5874 (p=.001***)		-.5874 (p=.000***)	.0259 (p=.822)
Position in Structure	-.4273 (p=.000***)	-.3884 (p=.000***)	-.1951 (p=.087)	.800 (p=.486	-.2878 (p=.011**)	-.4862 (p=.000***)	.7947 (p=.000***)	.1555 (p=.174
Discharge Status	.3130 (p=.005**)	.3057 (p=.006**)	.1585 (p=.166)	-.0805 (p=.483)	.1865 (p=.102)	-.5874 (p=.000***)		-.0860 (p=.454)
Drug History	.6897 (p=.000***)		.4268 (p=.000***)	-.2048 (p=.072)	.4536 (p=.000***)	-.1694 (p=.138)	.3057 (p=.006**)	-.1943 (p=.006**)
DATC Compulsory	.5035 (p=.000***)	.4536 (p=.000***)	.1672 (p=.143)	-.0786 (p=.495)		-.1408 (.219)	.1865 (p=.102)	-.1353 (p=.238)

Note: *p<0.05 **p<0.01 ***p<0.001

Appendix L: Correlation Between Treatment Performance and Outcome Criteria

Outcome Criteria	Length of stay	Position in work structure	Discharge Status	Perception of Self	Positive Life Events	Drug Use
Drug use	-.3188 (p=.004**)	.2981 (p=.008**)	.3471 (p=.002**)	-.6407 (p=.000***)	-.7643 (p=.000***)	
Avoidance Behaviour	.2650 (p=.029*)	.3524 (p=.003**)	.3899 (p=.005**)	.3941 (p=.001***)	.6086 (p=.000***)	-.6534 (p=.000***)
Positive Thinking	.2657 (p=.029*)	.2470 (p=.042*)	.3731 (p=.002**)	.4197 (p=.000***)	.6494 (p=.000***)	-.6946 (p=.000***)
Seeking Support	.1643 (p=.181)	.3624 (p=.002**)	.3078 (p=.001***)	.3078 (p=.011**)	.6517 (.000***)	-.7656 (p=.000***)
Negative Thinking	.0360 (p=.770)	-.0635 (p=.607)	-.0126 (p=.919)	-.1414 (p=.250)	-.3934 (p=.001***)	.3761 (p=.002**)
Confidant	.2623 (p=.031)	.3877 (p=.001***)	.3304 (p=.006**)	.1469 (p=.232)	.5555 (p=.000***)	-.6314 (p=.000***)
Positive Life Event	.3036 (p=.012*)	.0122 (p=.007**)	.3357 (p=.005**)	.6564 (p=.000***)		-.7643 (p=.000***)
Position in Work Structure	-.4862 (p=.000***)		.7947 (p=.000***)	.0773 (p=.501)	-.3226 (p=.007**)	.2981 (p=.008**)
Length of Stay		-.4862 (p=.000***)	-.5874 (p=.000***)	.0433 (p=.707)	.3036 (p=.012*)	-.3188 (p=.004**)

Note: *p<0.05 **p<0.01 ***p<0.001

Appendix M: Step-Wise Regression Analysis

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	7	49.86515	7.12359
Residual	60	12.25249	.20421

Variables in the Equation

Variables	B	SEB	Beta	T	Sig T
AGE	- .334869	.122684	- .173966	-2.730	.0083
SEEKING SUPPORT	.550028	.092960	.479204	5.917	.0000
LENGTH OF STAY	.004383	.001393	.215083	3.147	.0026
POSITIVE EVENTS	1.095266	.434225	.246251	2.522	.0143
POSITION IN WARD	.193133	.066855	.220842	2.889	.0054
COMPETENCE PATTERN	.307390	.118958	.217674	2.584	.0122
(CONSTANT)	7.490677	.660014		11.349	.0000

Appendix N: A Comparison of the Younger and Older Women by their Drug-Use Status

	Younger Respondent (N=38)	Older Respondent (N=30)
Relapsed	sense of inferiority felt worried and confused 1 addict partner, 8 non-addict 3 probationers few learned their weaknesses in the centre 4 unemployed, 5 employed relief of boredom, conflict with family as reasons for drug-use Sub-Total : 9	sense of hopelessness and uselessness felt depressed and being blamed 9 addict partners, 3 non-addict, 3 single 6 probationers few learned communication skills 2 housewives, 3 unemployed, 10 employed relief of boredom, escape from reality, association with addict peer as reasons for drug-use Sub-Total: 15
Drug-Free	Hopeful, normal, capable, mature and logical felt happy, cheerful, free No addict partner 12 probationers learned to face problems, assume responsibility, moral judgement, and avoid addict peers 3 unemployed, 26 employed Reasons for staying drug-free: self-control, self confidence, stick to principle, distinguish right from wrong, optimistic and cheerful good supportive network (family, friend, social worker & recovered staff), willing to share Sub-Total: 29	responsible, normal, law-abiding, felt proud and peaceful 1 addict partner,9 non addict, 5 single 3 probationers learned to assume responsibility, face problems and increase self-esteem 2 housewives, 3 unemployed and 10 employed Reasons for staying drug-free: firm conviction, willing to live a simple life, control emotions, have normal lifestyles good supportive network (family, friend, social worker & recovered staff), trust the good one Sub-Total: 15

Appendix O: Short-Term Programme for Adult Women Drug Users

Admission → Treatment → Discharge

(A Total of Two Years Service)

Clients who did not receive detoxification

Applicants → Referred to other substance abuse clinics (Detoxification Unit of S.A.R.D.A., 3-4 weeks) → Drop-outs from the detoxification programme. No aftercare services.

Clients who completed detoxification

Voluntary clients

Referred by hospitals, methadone clinics and others

Involuntary clients

Referred by P.O. immediately after discharge from Compulsory Treatment Centre

→

- -Empowerment-based programme (4-6 months)
- -Exploring relationship problem with parents, partners & children
- -Motivational interviewing
- -Self-efficacy training
- -Family life & sex education
- -Job-related skills training
- -Emotion management training
- -Draft of realistic discharge plan

→

- - Half-way house
- - Co-service with community organisations
- - Establishing women's growth group
- - Individual and group counselling